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THE UNIVERSITY OF ALBERTA

HOSPITAL CLINICAL FACILITIES UTILIZED BY EDMONTON

NURSING PROGRAMS: A DESCRIPTIVE STUDY

by



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A THESIS

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THE UNIVERSITY OF ALBERTA  
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "Hospital Clinical Facilities Utilized by Edmonton Nursing Programs: A Descriptive Study," submitted by Margaret Loretta Mrazek in partial fulfilment of the requirements for the degree of Master of Health Services Administration.



## ABSTRACT

This study undertook to describe and compare selected aspects of current processes of allocating clinical resources in Edmonton hospitals. The investigation was limited to nursing programs in the Edmonton area and the hospitals which presently provide learners with clinical experience.

Eleven hospitals (five Acute and six Other) and ten schools of nursing participated in the study. The nursing education programs that participated included: Master of Health Services Administration, Nursing Service Administration major; Basic and Post Basic Bachelor Degree; Certified Nursing Aide; Certified Nursing Orderly; 2 Year Psychiatric Nursing Diploma; 2 Year R.N. Diploma; and three 3 Year R.N. Diploma. The subjects included eleven Administrators, eleven Directors of Nursing Service, three Directors of Nursing from three of the hospitals, and the ten Directors of Nursing Programs.

The data collecting technique utilized was the questionnaire. The investigator developed one series consisting of five questionnaires which contained items designed to collect basic information, data regarding past, present and future allocation of clinical resources and identification of areas of concern to the hospitals and nursing programs. The questionnaires were pretested in one hospital in Southern Alberta. All questionnaires were returned. On the basis of the completed questionnaire from the only graduate nursing program





in the study, it was decided that data obtained was not relevant to this particular study, as the type of field experience needed by the learners in this program differed from the terms of reference regarding clinical experience defined in the study.

Data were treated in both a descriptive and inferential manner. Nonparametric statistical tests, specially the Kruskal-Wallis one-way analysis of variance by ranks for K independent samples and the Kolmogorov-Smirnov two independent sample test, were applied.

The major conclusions are that:

- (1) Admissions are being limited in one-third of the Edmonton nursing programs in the study because of lack of availability of clinical resources.
- (2) There is a seeming incapacity of the majority of Acute hospitals to accept more nursing learners; and
- (3) Mechanisms for assessing the needs and allocating resources are inadequate.

Two primary recommendations arising from this study are, firstly, formation of a voluntary joint committee, comprised of representatives from all health personnel educational programs and all health agencies, to assess the needs of the programs and to work toward maximizing the utilization of resources. Secondly, there is a need for a survey similar in design to the present study, but broader in scope, including all health personnel educational programs and health agencies.



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The cooperation of the respondents in the survey and in the pretest was very gratifying to the writer, for it was their participation which made this project possible.

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## CHAPTER I

### INTRODUCTION

#### Statement of the Problem

To describe and compare selected aspects of current processes of allocating clinical resources in Edmonton hospitals.

#### Need for the Study

The hospital, which furnishes an essential practical laboratory for various types of students in the health field, is being requested to accommodate greater numbers and varieties of learners. The increased numbers of learners is due in part to the demands for more health care which has come about because of availability of government insurance schemes, coupled with increased knowledge about health and illness.<sup>1</sup> So far as increased varieties of learners is concerned, Buerki points out that "exciting medical advances have resulted from, and resulted in, increased specialization. . . ." <sup>2</sup> "The addition of new services and the expansion of existing services require more and different kinds of highly trained people, . . . " <sup>3</sup>

Another factor influencing the amount of hospital clinical experience required is the curriculum employed by the educational program; for example, recent changes in the medical education curriculum have resulted in a need for more hospital experiences.<sup>4</sup>



Associated with the need for more experiences in the changing role of the hospital in the provision of clinical experiences for programs under auspices of outside educational institutions. Hangartner summarizes this when he states,

. . . though the major responsibility for the preparation of technical personnel will be on the schools, the hospital has a significant role to play even in this preservice stage. Effective technical education is impossible without laboratory experience, and while simulated experiences can serve to a certain extent, the most thoroughly educative experience comes in a clinical situation. This means that the hospital which is the only clinical situation in most communities for preparation for hospital and medical occupations has the obligation to make itself available as a clinical laboratory for the institutions preparing such personnel.<sup>5</sup>

Copping appears to outline the dilemma facing the hospitals when he states,

With increasing numbers of people to train for even more restricted fields, the provision of appropriate patients for teaching purposes in sufficient volume becomes a serious problem, and the hospitals are forced to resort to new, and sometimes administratively awkward, methods to provide clinical material.<sup>6</sup>

Although the author in making the above statement is referring to graduate training in medicine, the hospital's problems regarding sufficient clinical material would not seem to be limited to this field;<sup>7</sup> rather, the hospital's concern to provide necessary clinical experiences is increased with the number and variety of the learners.

One of the assumptions that Bennett indicates administrators must accept if meaningful progress in education and training for the health field is to take place is,





. . . that only community wide planning of education and training of health personnel will give direction and fulfillment to an effort that will be integrated, not fragmented; cooperative, not competitive; and long-term, not short-lived (and often short-sighted); . . .<sup>8</sup>

It would therefore appear that planning to maintain a high standard of patient care as well as to make optimal use of available clinical facilities for various health personnel learners, is an area of vital importance to the hospitals today.<sup>9</sup>

Ideally, a thorough study on the allocation of clinical resources in all health agencies for all health personnel education programs would be in order. Answers to questions such as the ones that follow could provide an enlightened view of processes and problems in clinical resource allocation. How does the hospital plan for the allocation of clinical experiences? Who decides what experiences are actually available in the hospital and what students can best learn from these experiences? Does the hospital have preferences for some education programs over others? Why? Does the planning extend beyond the present year? Are all facilities which can offer experience being utilized? Are there substantial differences in the supervisors', head nurses', and instructors' educational preparation and therefore, possibly, in their perceptions of clinical learning needs and selection of learning experiences?<sup>10</sup> It would also appear that as part of such a study, the educational programmers should be questioned on such things as: How do they select experiences? What kinds and how much experience do their students need in the hospital and other health agencies? What are the present



as well as the projected admission figures for the programs? In what specific areas do learners need more clinical experience? The data collected could provide a guide to the administration of health agencies for examining the extent to which present methods of allocation are the most efficient and effective ways of utilizing the available clinical resources. This information could assist agencies in planning future utilization of their limited resources. As well, differences in the way the educational programs and agencies view the present allocation of clinical resources could be brought to light and might be of assistance to educational and health administrators in trying to work together in order to make best overall use of clinical facilities for all programs.

The emphasis of the present investigation is confined to the allocation of clinical resources for educational programs in nursing. Limited reference is made to other health personnel learning groups. A study of the nursing group, which numerically is the largest of the medical-paramedical groups, as well as having the greatest internal variety, should give some insight into the allocation of resources for the other educational programs that utilize the hospital for experience.<sup>11</sup>

Concern for adequate quality and quantities of clinical experiences in nursing has received considerable attention in the literature.<sup>12</sup> A lack of adequate clinical experience for nursing students is serious as the learned are provided with a ". . . real life situation where the student can learn skills, attitudes, and



principles, basic to her needs as a nurse."<sup>13</sup>

No more dynamic learning situation exists anywhere than that found in the active hospital ward or service areas where patients are undergoing active therapy. This is not like the hypothetical situation with which many fields of education have to be satisfied.<sup>14</sup>

At present, no descriptive data on needs for, and allocation of, clinical resources is available for Edmonton. As well, there is no formal structural provision for the determination of overall allocation or setting of priorities for use of clinical resources needed for all health personnel learners or for the nursing programs. For example, were a new junior college nursing program to start in the Edmonton area, there would be no systematic data available on clinical teaching resources. This is a problem, too, for existing program; for example, a faculty from an Edmonton nursing program is at present restricting student enrollment because of a shortage of clinical experiences, and last year passed a motion to the effect that a survey of clinical teaching facilities in Edmonton needs to be done.<sup>15</sup> The contribution of the present study is to provide an overview of what is presently being done, as well as provide a basis for future allocation of hospital clinical resources for nursing learners. Additionally, the data from this study should provide a basis for a later, more comprehensive study of allocation of clinical resources in all health agencies.

#### Definition of Terms

Throughout the study the following terms are used interchangeably:



- students and learners
- hospital clinical facilities and hospital clinical resources
- Director of Nursing Education and Director of Nursing Program

As well, a number of terms which are used in the study are defined below as they could be subject to different interpretations.

Edmonton Nursing Programs -- refers to all nursing programs within the geographical boundries of the City including the Psychiatric Diploma, 2-year program at the Alberta Hospital, Edmonton, unless otherwise specified.

Nursing Programs -- includes all the following types of nursing education programs: Psychiatric Diploma 2-year; Certified Nursing Orderly; Certified Nursing Aide; Diploma (R.N.) 3-year; Diploma (R.N.) 2-year; Basic Degree 4-year; Post-Basic Degree; and the Master of Health Services Administration, Nursing Service Administration major, unless otherwise specified.

Edmonton Hospitals -- refers to all hospitals that presently provide clinical experiences to nursing learners (e.g., acute, auxiliary), located within the geographical boundries of the City, including the Alberta Hospital, Edmonton, unless otherwise specified.

Clinical Experience -- refers to situations in the hospitals which provide ". . . students with the opportunity to translate basic theoretical knowledge into the learning of a variety of intellectual and psychomotor skills needed to provide. . . " quality patient care. <sup>16</sup>







Health Personnel Learning Groups -- includes learners in any discipline who as part of their preparation receive clinical experience(s) in the hospital, unless otherwise specified.

Director of Nursing -- refers to a dual position in which the individual has responsibility for a Nursing Education Program as well as the Nursing Service Department of the hospital.

Director of Nursing Service -- refers to the position in which the individual has responsibility solely for the Nursing Service aspect of patient care.

Director of Nursing Program -- refers to the position in which responsibilities are centered solely on directing an Educational Program in Nursing.

Acute Hospital -- refers to a general hospital which has facilities to treat a wide range of diseases or conditions.

Other Hospital -- refers to a hospital which provides a specific type of treatment and care.

Own Program -- refers to a nursing program controlled from within a particular hospital.

Outside Program -- refers to a nursing program controlled by a body outside of a particular hospital.

#### Assumptions<sup>17</sup>

A basic assumption underlying the study is that the information



obtained in the present investigation will have practical significance for nursing programs and hospitals. Other general assumptions are that:

- (1) although much of the literature utilized in the investigation was American, it has relevance for Canadian nursing;<sup>18</sup>
- (2) ". . . while the data needed to answer the research question have not existed, they are now in existence somewhere."<sup>19</sup>

### Limitations

This study is confined to schools of nursing and hospitals in the Edmonton area. As well, it is further restricted to Edmonton hospitals who presently provide students with clinical learning experiences. Time is not the only factor in limiting the study. A very important consideration is that Edmonton does, in a sense, represent what might be described as a "natural" planning unit, as the vast majority of clinical experiences for all Edmonton nursing programs is provided within the area.<sup>20</sup>

As with descriptive studies in general, the descriptive data in this study are only partial. Practicality demands that with respondents such as hospital administrators, who are very busy people, there are limits to the amount of information an investigator can reasonably solicit. A related point here is that there are limits not only to the amount of information one can reasonably request but limits to techniques of establishing the reliability of the responses. For example, while the test-retest method for establishing reliability of the responses would appear to be an appropriate technique in this study, immediate retesting was impractical as the



investigator did not think that the respondents should be requested to, nor indeed might, take time to repeat the rather lengthy questionnaires.

The study is quantitative in nature. There is no attempt to evaluate the quality of utilization of hospital clinical facilities. While the qualitative dimension would be of obvious value, it is beyond the scope of this study.

Another limitation lies in the cross-sectional approach utilized here. This does not permit the observance of changes over time in processes of allocating clinical resources, which a longitudinal study would have afforded.

#### Related Research on Clinical Facilities for Nursing Education

There appears to be a paucity of descriptive studies in the area of the current investigation. In the studies being reviewed,<sup>21</sup> the central characteristics are summarized first; their relevance to the present study is then outlined.

#### Summary of Central Characteristics

#### Report Nursing Education Survey Committee Province of Alberta, 1961-1963

The Order in Council authorizing the Committee, indicates that this survey was broad in nature, its purpose being to look at all aspects of nursing education and recruitment of members of the nursing team.<sup>22</sup> The study did make some specific comments and recommendations on clinical experiences.



In relation to the twelve hospital diploma programs in Alberta at that time, a table was compiled showing number of beds, bassinets, student nurse enrollment for 1961 and 1962, and stated school capacity.<sup>23</sup> The Committee members "noted from the above table that there is wide variation in the ratio of students to rated beds and therefore to available clinical experience."<sup>24</sup> In the opinions of the respondents from schools of nursing, clinical facilities at that time could have supported an increased enrollment of some sixteen percent.<sup>25</sup>

In another recommendation the Committee stated that "hospitals which presently engage certified nursing aides should assist in providing for the clinical experience of trainees providing they are equipped to do so."<sup>26</sup> As well, the Committee recommended that schools of nursing and nursing aide trainees should receive some auxiliary hospital experience.

The Committee also made a recommendation to make changes in the then five year degree program including reducing the length of this program.

Study of Nurse Education in the Southern  
New York Region

This study "was undertaken to assess the needs of, and facilities for, professional nurse education . . . and to give direction for future planning for educational programs in the area."<sup>27</sup> One recommendation made in relation to psychiatric nursing programs was,





. . . that the state mental hospitals: a) discontinue their diploma nursing programs and use their resources and facilities for providing learning experiences in psychiatric nursing for nursing students in general hospital schools, associate degree and baccalaureate programs; . . .<sup>28</sup>

Also, the authors of the Southern New York study indicate that it was becoming difficult to locate sufficient clinical experience. It was noted that,

The expansion of present programs and the establishment of new programs is dependent upon the availability and expeditious use of clinical resources. Even now, there is competition among nursing programs for student experience in the care of maternity, newborn and pediatric patients, and the relatively small number of patients in many of these departments makes it difficult or impossible to use the majority of hospitals for student experience.<sup>29</sup>

It is interesting to note that when the programs indicated they had shortages of clinical facilities, invariably they referred to experiences in the general hospital.<sup>30</sup> The study also revealed that many general hospitals were not used at all or only partially used. The nursing programs however, indicated that most of the unused clinical experiences were not suitable for their students.

Report of Area Study Clinical Resources and  
Nursing Education Metropolitan Toronto, New  
Market and Richmond Hill

In the introduction of this study it was noted that surveys of clinical facilities in the major centres were necessary in order to assist involved parties in the establishment of priorities and promotion of optimum utilization of clinical facilities by diploma, degree and nursing assistant students. The study was prompted first



by the "indication that in some centres enrolment has been curtailed by the lack of clinical resources for teaching purposes" and, secondly, "in major centres such as Metropolitan Toronto, the use of these facilities by University programmes becomes a requirement if we are to be assured that sufficient nurses with at least a bachelor's degree will be available in the future."<sup>31</sup>

The above study indicates concern for allocation of clinical resources to be such that the objectives of the nursing programs can be met. Recommendations made by the Committee included a system of assignment of hospitals to various nursing programs, enrollment limitations, reformation of a particular nursing program, suggestions that nursing assistants receive to the extent possible the required clinical experience in other than the general hospital setting, that meetings between the agency and nursing programs utilizing the clinical resources be held, as well as, at least an annual meeting of the Directors of Nursing groups, Toronto and the Metropolitan Toronto Groups of Nursing Educators be held to discuss the utilization of clinical resources in the Metropolitan Toronto area.<sup>32</sup>

A Problem-Solving Process in Regional Planning  
for Clinical Facilities for Nursing Education

This paper, written by Borham and Davis, outlines the role played by nursing consultants in regional planning for clinical facilities for nursing education in the San Francisco Bay Area. In 1964, with programs in the San Francisco Bay area expanding, the availability of clinical experiences became a problem. As each



school was involved individually, no one program could organize a group activity to solve the dilemma that had developed. It was then that consultants for the California Board of Nursing Education and Nurse Registration were asked for assistance.

The consultants first surveyed the area to determine what clinical facilities were available and how many of these were utilized by the programs. These results were then presented to a meeting of representatives from sixteen professional schools at which time "it became apparent that no school was sure of another's plan for expansion or curriculum for the present or the future."<sup>33</sup> In order to determine the needs of the schools and their plans, a subcommittee was established to collect the necessary data.

Later vocational nursing programs were included as well as representatives from the health agencies. At a joint meeting of the various groups involved, the need for ongoing planning was recognized for the San Francisco Bay region. A resolution was drafted and ratified which,

' . . . specifically suggested that an appropriate plan of action might include the continued use of the Nursing Education Consultants in the San Francisco office of the Board of Nursing Education and Nurse Registration to arrange biannual meetings which would bring schools and agencies together to plan jointly for the learning experiences of all student nurses. Taking into consideration the needs of the educational programs and the functions of the agencies, . . . '34

A similar regional planning group has also been established in Santa Clara Valley area. In the closing remarks of their report,



the authors note that,

In 1968, the nursing programs believe that adequate clinical learning experiences do exist for all students even with the projected plans for increased enrollments. Group action is providing the best possible solution for all.<sup>35</sup>

#### Relevance to Present Study

The report from the Nursing Education Survey Committee appears to have looked at each program individually in relation to clinical experience. For example, when comparing the ratio of students to beds to indicate the availability of experience, the Committee does not seem to have considered that other learners may also have been utilizing some of the patients for learning experiences. Also directly related to the above, is the effect on programs other than the hospital diploma programs which are directly associated with a hospital when the latter programs increase their enrollment. The present study is looking at all nursing programs at the same time in relation to availability and allocation of clinical experiences.

The Toronto study did include diploma, degree and nursing assistant programs in their investigation. However, the present study does not attempt to approach the depth of the Toronto study; its scope will be broader as the investigation will concern itself with some of the central processes of allocation clinical resources.

As the present study should obtain information regarding area(s) where more clinical experience is needed, it will be







interesting to see if the shortages are in the same areas as in the Southern New York study. Also the recommendation regarding discontinuing diploma programs in state mental hospitals could have relevance for the present study if there is a strong indication from the nursing programs that there is a shortage of psychiatric clinical experience.

The nature and sequence of investigation utilized for regional planning in the San Francisco Bay area might be of assistance in follow-up to the present study; however, the actual data is of little practical significance in Edmonton.

#### Sequence of Analysis

The development of this study can be thought of as constituting three major phases. Methodology is discussed in Chapter II, the findings and interpretation of results are presented in Chapter III, and in the final Chapter the conclusions and recommendations are made.

In summary, this research is an inductive study in which the investigator describes and compares selected aspects of current processes of allocation of clinical resources in the Edmonton hospitals.



## FOOTNOTES -- CHAPTER I

<sup>1</sup>E.g., Irene G. Ramey, "Meeting Today's Challenges to Nursing Service and Education," Nursing Forum, 8 (No. 2, 1969), 160 (hereinafter referred to as Meeting Today's Challenges). "The population explosion, Medicare and Medicaid, and the public's increased knowledge about health and illness have put great strains on our resources for health care. Hospitals and other health care facilities cannot be built quickly enough nor can health care professionals be educated rapidly enough to meet the demands"; Carl A. Hangartner, "Re-examining the Hospital's Role in Nursing Education," Hospital Progress, 50 (December, 1969), 64. ". . . our complex society is demanding a greater supply of technically trained personnel in many fields"; and Henry M. Parrish and Thomas P. Weil, "Development of a Coordinated Approach for the Training of Allied Health Personnel," Journal of Medical Education, 42 (July, 1967), 658. "There is common agreement that there is a critical shortage of allied health personnel in every category and that high-quality medical care cannot be provided without an adequate supply of well-qualified manpower."

<sup>2</sup>Robin C. Buerki, "The Increasing Role of Paramedical Personnel," Journal of Medical Education, 40 (September, 1965), 850.

<sup>3</sup>J.D. Copping, "The Impact of Rapid Changes in Medical Education on Teaching Hospitals," Canadian Hospital, 45 (November, 1968), 41 (hereinafter referred to as Changes in Medical Education). Related literature includes: Ramey, "Meeting Today's Challenges," p. 161. "To meet the demands for more service and for a greater variety of services, health agencies have created many new positions for paramedical personnel"; and Royal Commission on Health Services, Emmett M. Hall, Chairman (Ottawa: Queen's Printer, 1964, 2 vols.), Vol. 1, p. 592. "If the level of health services is to be maintained at that existing in 1961 as well as improved both in quantity and quality over the period 1961-1991, it is evident that the supply of qualified health personnel must continue to expand."

<sup>4</sup>Copping, "Changes in Medical Education," p. 41. "With the development of 'core' curriculum and the early introduction of clinical options, we may expect to see more medical students within the hospital more of the time." Also, as pointed out by Buerki, "The Increasing Role of Paramedical Personnel," p. 852. "There appears to be general agreement among those directly involved in paramedical education that there will be an increased demand for this training to include hospital experience."

<sup>5</sup>Carl J. Hangartner, "The Educational Role of the Hospital," Hospital Progress, 46 (June, 1965), 104. Other related literature



includes: the Task Force Reports on the Cost of Health Services in Canada, Joseph W. Willard, Chairman (Ottawa: Queen's Printer, 1969, 3 vols.), Vol. 1, p. 121 (hereinafter referred to as Task Force Reports). Recommendation 19 of the Task Force on Salaries and Wages states, "That provinces be encouraged to develop centralized educational programs for health service personnel on a regional and provincial basis, and that the didactic components of these programs be based in the appropriate education facilities with the hospitals contributing the clinical components of the curricula"; Anne Kibrick, "Why Collegiate Programs for Nurses?" The New England Journal of Medicine, 278 (April, 1968), 769. "For more effective learning, the hospital experience of the nursing student should be under the direction of the collegiate nurse faculty, just as hospital medical education is under the supervision of the medical-school faculty"; and J.K. (Chairman), Rita Laverdier, Margaret A. Droste, and Margery E. Drake, "Guidelines for Establishing A Cooperative Relationship between a Hospital and an Educational Institution Offering a Pre-Service Program in Nursing," Hospital Progress, 51 (April, 1970), 57. ". . . hospital possesses a unique opportunity to influence the practice of nursing by means of the clinical nursing situations it makes available to an educational institution, and through the role models it can supply the student."

<sup>6</sup>Copping, "Changes in Medical Education," p. 42.

<sup>7</sup>E.g., Kibrick, "Why Collegiate Programs for Nurses?" p. 769. "Hospitals have a vital role in the education of nurses through their resources and clinical facilities. . . . Hospitals are as essential for sound nursing education as they are for medical education. To become effective practitioners, students must be significantly involved in meaningful responsibility for patient care."

<sup>8</sup>Addison C. Bennett, "Education and Training," Hospitals, 42 (April, 1968), 48.

<sup>9</sup>E.g., Mildred S. Schmidt, "The Hospital--A Laboratory for the Teaching of Nursing," The Journal of Nursing Education, 5 (April, 1966), 27. "Only by working together can the college and hospital develop a laboratory for the teaching of nursing which will support the learner and at the same time safeguard the patient"; M.B. Wallace, "Hospitals Should Retain Their Schools of Nursing," The Canadian Nurse, 62 (February, 1966), 27. This author asks, "What do hospitals want?" Then answers, "They want the best patient care that can be obtained, and to that end they must muster all resources and apply all their management skill. A hospital must be constantly on guard that it does not come to be looked upon as a convenience to be used primarily by students--medical, technical, pharmacy, dietary, administrative, nursing--all in search of clinical material"; Robert C. Kinsinger, "The Hospital and Paramedical Education," Hospital Progress, 46





(November, 1965), 140 and 142. "Tragic failures in health occupation education can result from an unfortunate lack of college-hospital cooperation in developing realistic educational experiences for students who are preparing for careers in the paramedical field." The author also states later in the article that, "Long and careful planning is called for because of the complexity involved in creating a new educational program that requires the use of clinical facilities not under the control of the educational institution and is subject to conflicts between safe care of patients and meaningful learning experiences for students"; Helen K. Mussallem, Spotlight on Nursing Education (Ottawa, Canada: Canadian Nurses Association, 1960), p. 29. "It is recognized that there should be a sufficient variety of clinical experiences provided so that the objectives of the program may be met. But the way in which the available resources are used is of paramount importance"; and, "Executives Urge Hospital Cooperation for Area Planning and Nurse Training," Canadian Hospital, 42 (December, 1965), 30-31. The outgoing President of the Ontario Hospital Association, R. Alan Hay, stated to delegates that, "Nursing education is one area in which province-wide cooperative planning has started. . . . Whether one is considering the formation of a regional school or expanded facilities," he said, "clinical resources in many hospitals are involved and, in gradual measure, the formation of independent boards. There is growing recognition that many of the problems associated with hospitals are bigger than the individual institutions and that cooperative and integrated measures are necessary."

<sup>10</sup>E.g., Shirley Post underlines the point that, "clinical instructors and head nurses up [sic] should have at least a baccalaureate degree." "Nursing Education and Service Cannot be Separated," Canadian Hospital, 46 (September, 1969), 37. And whereas, the relationship between formal preparation and utilization of clinical facilities is as yet an unexplored one, a descriptive study of the nature proposed here would seem to require that we at least investigate possible variation in formal educational preparation of these three groups.

<sup>11</sup>E.g., Kibrick, "Why Collegiate Programs for Nurses?" p. 769. "Nurses are the single largest group of health workers, and perhaps no other group is as important in the daily delivery of health care"; and, Helen K. Mussallem, "Nursing Education in Canada," Royal Commission on Health Services (Ottawa, Canada: Queen's Printer, 1965), p. 2. "The largest single group of practitioners in the health team is nurses."

<sup>12</sup>E.g., Saiyud Niyomviphat, "Selecting a Learning Experience for the Student Nurse," International Nursing Review, 2 (March/April, 1964), 47. "One of the serious problems which nursing education faces today is that of providing adequate clinical experience for the student"; Kibrick, "Why Collegiate Programs for Nurses?" p. 768.





This author in discussing diploma nursing programs states, ". . . many collegiate nursing programs, the most efficient means of educating large numbers of students, are required to limit their enrollment because of a lack of clinical resources, as hospitals use their resources for education of their own students"; Glenna S. Rowsell, "University Nursing Education--Facts and Trends," Canadian Nurse, 62 (December, 1966), 31 and 33. Miss Rowsell reviews the response of the Canadian Nurses Association to Recommendation 133 of the Report of the Royal Commission on Health Services. "We agree that there should be at least 10 more university schools of nursing. However, experience has proven that such expansions of university programs will require priority privileges in the use of hospital and health agency facilities for the clinical experience of students of nursing." Furthermore, this author indicates that one of the factors that will effect the rate at which higher education will continue to grow is: "The quality and type of clinical facilities made available to students in university programs"; Faye G. Abdellah and Eugene Levine, Better Patient Care Through Nursing Research (New York: The Macmillan Company, 1965), p. 542. "Providing adequate clinical experience for professional nursing students is a perpetual problem faced by nurse educators. Hospital administrators as well as directors of nursing service are also concerned with this problem"; Report of Area Study Clinical Resources and Nursing Education Metropolitan Toronto, New Market and Richmond Hill (Ontario: Ontario Hospital Services Commission and College of Nurses, 1969), Introduction (hereinafter referred to as Report Clinical Resources and Nursing Education). This report arose from indications ". . . that in some centres enrolment has been curtailed by the lack of clinical resources for teaching purposes; . . ." This report will be dealt with in greater detail later in this Chapter; Delores M. Schumann, "An Improved Method of Making Clinical Assignments," Nursing Outlook, 15 (April, 1967), 52. "Concurrent with increased enrollments in basic nursing programs is the problem of providing adequate clinical experiences for the students"; and, Survey of the Schools of Nursing in the Province of Alberta, A. Somerville, Chairman (Edmonton, Alberta: University of Alberta, 1963), p. 83. "An increased number of graduates could be obtained --a) by increasing the student enrollment at the existing schools. This possibility is limited due to the fact that the clinical services in the hospitals (especially in some areas) are being used to capacity."

<sup>13</sup>Ibid., p. 31.

<sup>14</sup>Ibid., pp. 30, 31.

<sup>15</sup>School of Nursing, University of Alberta (Edmonton), Minutes of Meetings of the Faculty Council, Meeting of October 29, 1969, p. 7 (typewritten).



<sup>16</sup>Jean E. Schweer, Creative Teaching in Clinical Nursing (Saint Louis: The C.V. Mosby Company, 1968), p. 41.

<sup>17</sup>Statistical assumptions are cited on page 33 and page 34.

<sup>18</sup>E.g., Report [of the] Nursing Education Survey Committee, Province of Alberta 1961-1963, Earle P. Scarlett, Chairman (Edmonton, Alberta: Department of Health, 1963), p. 8 (hereinafter referred to as Report Nursing Education Survey Committee). This report states that ". . . because circumstances in Canada are in the main parallel, it will provide a further sense of perspective to note certain recent developments in the nursing world of the United States."

<sup>19</sup>David J. Fox, Fundamentals of Research in Nursing (New York: Appleton-Century-Crofts, 1966), p. 170. The assumption quoted underlies the use of the survey approach.

<sup>20</sup>A minor exception is a nursing program which is utilizing the clinical resources of a new hospital (opened in August 1970) located outside of Edmonton.

<sup>21</sup>Report [of the] Nursing Education Survey Committee; Study of Nurse Education Needs in the Southern New York Region (Hospital Review and Planning Council of Southern New York Region, Inc., 1967) (hereinafter referred to as Southern New York Study); Report Clinical Resources and Nursing Education; and V.Z. Borham and Grace L. Davis, "A Problem-Solving Process in Regional Planning for Clinical Facilities for Nursing Education; Board of Nursing Education and Nurse Registration, San Francisco, October 1968.

<sup>22</sup>Report [of the] Nursing Education Survey Committee, p. 3.

<sup>23</sup>Ibid., p. 29.

<sup>24</sup>Ibid., p. 30.

<sup>25</sup>Ibid., p. 221.

<sup>26</sup>Ibid., p. 89.

<sup>27</sup>Southern New York Study, p. 7.

<sup>28</sup>Ibid., p. 28.

<sup>29</sup>Ibid., p. 57.



<sup>30</sup>Ibid., p. 59.

<sup>31</sup>Report Clinical Resources and Nursing Education, Introduction.

<sup>32</sup>Ibid., pp. 4-16.

<sup>33</sup>V.Z. Borham and Grace L. Davis, "A Problem-Solving Process in Regional Planning for Clinical Facilities for Nursing Education," Board of Nursing Education and Nurse Registration, San Francisco, October 1968, pp. 2,3 (mimeographed).

<sup>34</sup>Ibid., p. 6.

<sup>35</sup>Ibid., pp. 10, 11.



## CHAPTER II

### RESEARCH DESIGN

#### Rationale for Descriptive Study

A descriptive study is justified in the present investigation, as the area of proposed research has not been previously described in any systematic way. As information is being sought, there is no basis at present for predicting what will be found; therefore, the present research will be hypothesis free.

A descriptive survey is often frowned upon as a waste of time and money--or "so what" -- or "we knew that all of the time, who needed a research project to find that out?"<sup>1</sup> However, "the purpose of descriptive research is to learn about and describe the total range of experience within that universe."<sup>2</sup> As Kaplan states, "We see why something happens when we see better--in more detail, or in broader perspective--just what does happen."<sup>3</sup> As well, this author cites that "descriptions may themselves be explanatory--the 'how' may give us a 'why' and not just a 'what.' "<sup>4</sup> Furthermore, Fox states that, "the objective of the descriptive survey is description only" but that this "does not mean that they cannot be the basis of extensive implications and action."<sup>5</sup> "A good survey problem, followed by a soundly executed survey, should yield provocative and challenging findings."<sup>6</sup>





### The Subjects

The subjects invited to participate in this investigation were the Administrators, Directors of Nursing, and Directors of Nursing Service of the twelve Edmonton hospitals<sup>7</sup> which presently provide clinical experience to nursing learners, and the Directors of the ten Nursing Programs in Edmonton. All but the Administrator and Director of Nursing Service from one other hospital agreed to participate in the survey.

Administrators were included since, as chief executive officers for the hospital, they had the authority to provide clinical experience to nursing programs; therefore, their opinions were very important to the present investigation. Directors of Nursing Service were included because of their knowledge of the nursing units as well as the influence they might have over the allocation of the available clinical resources for nursing programs.

Three of the hospitals in the study also had the position of Director of Nursing, a dual position with responsibility for a nursing education program and a nursing service department. It was decided to include these three individuals in the study as it would be interesting to compare their views with those of other participants in the study. The investigator realizes that with only three respondents in this category, such comparative data is of limited utility.

The opinions of the Directors of Nursing Programs on allocation of clinical resources was deemed to be important as they



utilize the hospital clinical experiences for their nursing learners and are therefore directly affected by the hospital's action in this area. As well, the Directors could provide additional basic data such as present and projected admission figures.

#### Data Gathering Method

As this is the first study of this nature conducted in Edmonton, information needed included certain basic items such as number of students, number of beds, data regarding past, present, and future allocation of clinical resources and identification of areas of concern to the hospitals and nursing programs. It was decided that the best way to obtain the above information was through the data gathering method of questioning. The specific data collection technique utilized was the questionnaire.

Like other techniques the questionnaire has advantages and disadvantages which must be carefully weighed in order that the right technique for data collection is selected. "One key advantage to the questionnaire technique is that since it is impersonal, the researcher is generally able to assume that his respondents will be frank. This is particularly so when he guarantees their anonymity."<sup>8</sup> As frankness was an important consideration in the present study, the use of the questionnaire was therefore thought to be the data gathering technique which could elicit the most useful data. Also, Goode and Hatt's statement that "the questionnaire can be most fruitfully used for highly select respondents with a strong interest in the subject matter, greater education, and higher socioeconomic status"<sup>9</sup>



added to the strength of utilizing a questionnaire.

Questionnaires were developed specifically for the present survey as the investigator was not aware of the availability of any existing ones which would have been appropriate. The rationale for the development of the questions came from the literature,<sup>10</sup> opinions of nurse educators expert in the area of the study, as well as from the investigator's own knowledge of this area.

Five questionnaires were developed (see Appendix, p. 120 ff.). The Institutional Questionnaire contained primarily baseline questions; for example, number of beds in major areas of the hospital, the average daily patient census, and plans for expansion.

The Administrative Questionnaire focused on opinion questions as well as other pertinent questions. Three of the questions, VIII, X, and XIII, were also included in the Nursing Program as well as in both of the Nursing Service Questionnaires. The only difference between the two Nursing Service Questionnaires was that Question XVI was deleted from the questionnaires sent to the Directors of Nursing.

The Nursing Program Questionnaire, as well as containing the questions listed above, also contained items necessary for acquiring data on such areas as student admission figures and roles for which graduates are prepared. A further set of questions was designed to determine the kinds of information a Director of a Nursing Program had about other nursing programs in Edmonton.



Draft copies of the questionnaires were reviewed by nurses in both service and education as well as being pre tested in a hospital in Southern Alberta. Comments were requested from those who took part in pre testing, on the comprehensibility of the questionnaire as well as any other suggestions they may have for improving the questionnaires. Upon review of the completed questionnaires and comments submitted, the questionnaires were revised and finalized for distribution to subjects in the study.

### Reliability and Validity

As the questionnaires were constructed by the researcher, the verification of reliability and validity of the instrument was deemed to be important. It will be recalled that in discussing limitations of this study, establishing reliability of the responses through systematic techniques, such as test retest method was deemed not practical. However, simply to make a broad assumption that the data are reliable would also seem inappropriate, and for this reason, special effort was made by the investigator to at least check for inconsistencies in data reported from within any given institution or by other institutions or programs in the study. These inconsistencies are reported in Chapter III as they pertain to the particular responses in question.

Validity of the questionnaire items themselves is, in this study, limited to the face and content levels. These levels of validity were established on the basis of the literature and through the use of expert consultants who assisted in reviewing the format







and content of questions. Until criterion measures for establishing construct, concurrent and predictive validity are developed, validity in this type of study is as yet restricted to the face and content levels.

So far as the validity of the responses to the questionnaire items is concerned, several questions must be raised. Firstly, while a response, e.g., to the question of priority for providing clinical resources to the various nursing programs might be "reliable" in that the respondent might consistently and to his or her best knowledge "honestly" give the same reply, an examination of his or her actual practices in relation to assigning priorities might be inconsistent with his or her verbal response. This raises problems in validity because the question, in the above example, that of priorities, does not "measure" actual performance. As in the case of the questionnaire items, the responses to them are restricted to the face and content levels of validity.

#### Procedures for Data Collection

In February the Administrators of Edmonton hospitals which presently provide experience for nursing learners, were asked if they and members of their nursing department would participate in the study.<sup>11</sup> Eleven of the twelve hospitals approached agreed to participate. A letter was also sent to all Directors of Nursing Programs in Edmonton who were not directly associated with a hospital inviting them to participate in the survey. All responded favourably. At the same time, a letter was sent to a hospital in Southern



Alberta asking the Administrator if he and members of the nursing department would pre test all of the questionnaires. (See Appendix, p. 110 ff) for copies of the letters.)

The questionnaires for pre testing were circulated in March. After the necessary revisions, the questionnaires were distributed to the respondents in the study in May. The instructions for Question X (see Appendix p. 163) were revised and recirculated to all who had misread the ranking scale as being Roman numerals I and II rather than Arabic numerals 1 to 11.

In June, a letter was mailed reminding all those who had not completed the questionnaires to do so at their earliest convenience. All questionnaires were returned by the beginning of August; however, the Institutional and Administrative questionnaires from one Acute hospital were only partially completed.

#### Treatment of Data

The data is treated in both a descriptive and inferential manner. As most of the data is of a descriptive nature, tables are utilized to present much of the information. Additionally, nonparametric statistical tests,<sup>12</sup> specifically the Kruskal-Wallis one-way analysis of variance by ranks<sup>13</sup> and the Kolmogorov-Smirnov two-sample test<sup>14</sup> are utilized to determine significant differences in the ways the respondents answered Questions VIII, X, and XIII. The Kolmogorov-Smirnov test is also utilized for Question XVI in the Nursing Service Questionnaire and Question XXI in the Nursing Program Questionnaire,



to determine if there is a significant difference in the highest level of educational preparation between Supervisors, Head Nurses and Instructors.



FOOTNOTES -- CHAPTER II

<sup>1</sup>David J. Fox, Fundamentals of Research in Nursing (New York: Appleton-Century-Crofts, 1966), p. 172.

<sup>2</sup>Ibid., p. 173.

<sup>3</sup>Abraham Kaplan, The Conduct of Inquiry (San Francisco: Chandler Publishing Company, 1964), p. 329.

<sup>4</sup>Ibid., p. 329.

<sup>5</sup>Fox, Fundamentals of Research in Nursing, p. 178.

<sup>6</sup>Ibid., pp. 178-179.

<sup>7</sup>One Other hospital was inadvertently omitted from the study; however, it was brought to the investigator's attention that this hospital was not being utilized for clinical experience at the time of the survey.

<sup>8</sup>Fox, Fundamentals of Research in Nursing, p. 212. In the present study the individuals and hospitals participating were informed that their names and the hospital's would remain anonymous. However, where there was only one nursing program of that type in the investigation resulting in the data being identifiable, the respondent was told that information he or she did not wish included in the text of the thesis would be omitted.

<sup>9</sup>William J. Goode and Paul K. Hatt, Methods in Social Research (New York: McGraw-Hill Book Company, Inc., 1952), p. 182.

<sup>10</sup>As well as studies reviewed in Chapter I, articles in various journals, other sources which provided the rationale for the questions, included: Schweer, Creative Teaching in Clinical Nursing; NLN Department of Diploma and Associate Degree Programs, Criteria for the Evaluation of Educational Programs in Nursing Leading to a Diploma (New York: National League for Nursing, 1958); Committee of Nursing Education, Criteria for the Evaluation of Diploma Programs in Nursing (Ottawa, Canada: Canadian Nurses Association, 1966); NLN Division of Nursing Education, Guidelines for Assessing Nursing Education Needs of a Community (New York: National League for Nursing, 1967); Canadian Nurses Association, Guidelines for the Development of Programs in





Universities Leading to a Baccalaureate Degree in Nursing (Ottawa, Canada: Canadian Nurses Association, 1967); Nursing Education Planning Committee, Guidelines for the Establishment of Diploma Programs in Nursing in Post-Secondary Education Institutions in Alberta (Edmonton, Alberta: Alberta Association of Registered Nurses, 1968); Canadian Nurses Association, Guiding Principles for the Development of Programs in Educational Institutions Leading to a Diploma in Nursing (Ottawa, Canada: Canadian Nurses Association, 1966); Committee on Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta (Edmonton: Coordinating Council, University of Alberta, revised 1970); American Hospital Association, "Statement on Role and Responsibilities of the Hospital in Providing Clinical Facilities for a Collaborative Educational Program in the Health Field," Hospitals (J.A.H.A.), 41 (July, 1967), 65-106.

<sup>11</sup>Two hospitals were approached at a later date when it was learned that nursing students utilized their facilities for clinical experience.

<sup>12</sup>The data for the questions to which the nonparametric statistical tests were applied were coded and then punched on cards for machine processing.

<sup>13</sup>Sidney Siegel, Nonparametric Statistics for the Behavioral Sciences (New York: McGraw-Hill Book Company, Inc., 1956), pp. 184-193.

<sup>14</sup>Ibid., pp. 127-136.



### CHAPTER III

#### PRESENTATION OF FINDINGS AND ANALYSIS

The purpose of this chapter is to present and analyze the data obtained from the questionnaires. After a brief introduction, the statistical assumptions are outlined followed by the descriptive results from the Institutional, Administrative, Nursing Service and Nursing Program Questionnaires. As Questions VIII, X, and XIII are included in all but the Institutional Questionnaire, the descriptive results from these are presented separately; finally, the inferential analysis is presented.

The data are presented primarily on the basis of Hospital and/or Group comparisons. The Hospital comparison divides the respondents according to type of hospital; for example, Acute, Other or not directly associated with a hospital. Fourteen respondents indicated in the questionnaires that they were associated with Acute hospitals, while thirteen indicated association with Other types of hospitals. Four of the participants did not fall into either of the above two categories as they belong to nursing programs not directly associated with a hospital. In the Group comparison, the respondents are categorized by their present position: Administrator, Director of Nursing Service, Director of Nursing Program and Director of Nursing. The number of respondents in each of the above categories includes eleven Administrators, eleven Directors of Nursing Service,



nine Directors of Nursing Programs, and three Directors of Nursing. However, the results from the Nursing Program Questionnaire are categorized by type of nursing program the respondent is associated with: (1) Degree (Basic and Post Basic), (2) Diploma (R N 2 year and 3 year and 2 year Psychiatric Nursing), and (3) Auxiliary (CNA and CNO).

The data obtained from the questionnaires submitted by the Directors of Nursing are utilized only for the descriptive Group comparison. Information from the respondents is not utilized in the Hospital comparison or in the inferential analysis as this position was present in only three of the eleven hospitals in the study and therefore would weight the responses from these hospitals inordinately if they were included.

On the basis of the completed questionnaire from the only graduate program in the study, it was decided that the data obtained was not relevant to this particular study, as the type of field experience needed by the learners in this program differed from the terms of reference regarding clinical experience defined<sup>1</sup> in the study.

The following abbreviations will be utilized in this chapter:

- NRA - Not Readily Accessible (refers to information that respondents could not readily obtain in order to complete responses to the question)
- ADPC - Average Daily Patient Census
- CNA - Certified Nursing Aide
- CNO - Certified Nursing Orderly



RN	- Registered Nurse
RPN	- Registered Psychiatric Nurse
K-S	- Kolmogorov - Smirnov two sample test
K-W	- Kruskal - Wallis one-way analysis of variance by ranks
H	- The statistic used in the Kruskal-Wallis one-way analysis of variance by ranks.
df	- Degrees of freedom
K	- Number of different groups
SD	- Standard deviation

### Statistical Assumptions

The following assumptions regarding the data and analysis are presented in order that the reader will be better prepared to evaluate the findings in this study :

1) The respondents were asked the same questions, even though questions could be interpreted differently because:

- (a) Each group has different experience(s);
- (b) Definitions presented in the current study were not stated in behavioral terms.

2) All samples compared were independent.

3) Truncation of data (e.g., 1.99 = 1, 2.1 = 2) in Questions VIII, X, and XIII (see Appendix, p. 137 ff) did not spuriously bias any particular comparison.

4) The conservative test of K-S counteracted the liberalizing effect of an increased level of significance due to comparing all





groups two at a time (see p. 88 ).

5) In Question VIII each factor was answered with the overall question in mind.

6) The most valid response for missing data in Questions VIII and XIII was the average rank of the respondent's particular group for the variable being analyzed.

7) When ties occurred in Question X, it was assumed that the participant was not able to separate quality. In order to adjust, the tied responses were assigned the average of the rank they would otherwise occupy.

8) If a response of "not applicable" was used in Question X, it was assumed the person's or group's role was not important and therefore the rank of least importance was assigned.

9) The levels of educational preparation of Supervisors, Head Nurses and Instructors could be ranked ordinally by time and intensity.

10) An appropriate level of significance for this study is the .05 level, considering the nature of the data and the descriptive character of the study.

### Descriptive Presentation of Results

#### Institutional Questionnaire Results

The data collected from the Edmonton hospitals (Acute and Other) regarding the number of beds and average daily patient census



(ADPC) for the various clinical services for years 1966-1969, is shown in Tables I and II. These tables reveal that one Acute hospital did not submit data, while an Other hospital only outlined the number of beds in 1969. As well, some of the respondents indicated NRA or did not provide data for all parts of the question. The investigator attempted to complete information where it was omitted or NRA (see Tables I and II).<sup>2</sup> In some cases where the ADPC could have been calculated, discrepancy in the information provided by the hospital and that found in the documents utilized to augment the data, prevented such a figure from being computed.<sup>3</sup> Wherever the information provided by the hospital differed from that of the augmented data, the hospital was given preference as it is from hospital data that Government figures are derived. The information regarding the number of beds in a clinical service appeared to be more readily available than the ADPC. Caution should be taken in reviewing the ADPC as the opening of a new wing or a new hospital results in figures being presented which are not based on a full year of operation. Also, since the various clinical services were not defined, it is possible that what one hospital includes in a clinical area may differ from another hospital; for example, one hospital indicated that psychiatry was included with medicine, while intensive care was included in surgery.

The above data which was requested from the hospitals would appear to be of importance to all nursing programs, as well as other health personnel learning groups which utilize the hospital clinical resources, since there would seem to be a relationship between number



TABLE I

NUMBER OF BEDS AND AVERAGE DAILY PATIENT CENSUS<sup>a</sup> IN ACUTE EDMONTON HOSPITALS,  
BY TYPE OF CLINICAL SERVICE, 1966-1969

TYPE OF CLINICAL SERVICE		A C U T E   H O S P I T A L S									
		1		2		3		4		5	
		YEAR	BEDS	ADPC	BEDS	ADPC	BEDS	ADPC	BEDS	ADPC	TOTAL NO. OF BEDS
Medicine	1966	635 <sup>b</sup>	603	165	[273] <sup>b</sup>	[234.3]	95	NRA	96 <sup>b</sup>	-- c	
	1967	669 <sup>b</sup>	585	189	[269] <sup>b</sup>	[236.9]	95	NRA	70 <sup>d</sup>	--	
	1968	694 <sup>b</sup>	605	189	[381] <sup>b</sup>	[255.2]	95	78	70	--	
	1969	324	279	196	[406]	[302.8]	133 <sup>e</sup>	86	70	50	
Surgery	1966			282			125	NRA			1728 <sup>b</sup>
	1967			319			125	NRA	70 <sup>g</sup>	--	1879 <sup>b</sup>
	1968			312			125	119	70	--	2016 <sup>b</sup>
	1969	415	354	315			213	112	70	60	2212 <sup>b</sup>
Pediatrics	1966	125	85	100	[50]	[38.2]	50	[35.1]	104	--	450
	1967	125	82	119	[50]	[35.05]	50	[35.2]	96	--	496
	1968	117	86	136	[50]	[40.4]	50	43	96	--	488
	1969	117	82	130	[51]	[53.8]	104	44	96	66	543
Obstetrics	1966	84	46	73	[48]	[40.4]	52	NRA	28	--	321
	1967	84	48	84	[48]	[41.7]	52	NRA	21	[9.1]	314
	1968	76	49	86	[48]	[38.1]	52	33	21	[6.9]	306
	1969	72	52	83	[48]	[37.9]	40	31	21	8	290
Bassinets	1966	117	54	87	[69]	[43.08]	60	[34.1]	14	--	415
	1967	117	52	76	[69]	[42.9]	60	[34.6]	26	[5.7]	402
	1968	117	52	87	[69]	[37.4]	60	[32.8]	26	[5.4]	402
	1969	117	50	91	[69]	[36.1]	100	37	26	6	442
Psychiatry	1966	51	51	28	f						
	1967	51	45	27							81
	1968	64	45	29							81
	1969	66	51	29			38	18			90
											134



TABLE I -- Continued

A C U T E   H O S P I T A L S												
TYPE OF CLINICAL SERVICE	YEAR	1		2		3		4		5		TOTAL NO. OF BEDS
		BEDS	ADPC	BEDS	ADPC	BEDS	ADPC	BEDS	ADPC	BEDS	ADPC	
Intensive Care Unit	1966	[7] <sup>i</sup>	--	29	15							29
	1967	[7]	--	29	16	[4] <sup>j</sup>	--					33
	1968	[7]	--	29	12	[4]	--	4	2			37
	1969	[0]		29	12	[4]	--	13	4			36
Isolation	1966	19	14									19
	1967	19	16									19
	1968	28	15									28
	1969	28	14									28
Rehabilitation	1966	61	43									61
	1967	61	44									61
	1968	54	48									54
	1969	54	36									54
Tuberculosis	1966									149	--	149
	1967									144	--	144
	1968									114	--	114
	1969									114	82	196
Eye, Ear, Nose and Throat	1969							14	NRA			
TOTALS	1966	1092	896	948	750	[440]	k	382	k	391	k	
	1967	1126	872	1054	830	[440]	k	382	k	397	k	
	1968	1150	900	1054	851	[552]	k	386	307.8	397	k	
	1969	1193	918	1054	856	[578]	k	655	k	397	272	

<sup>a</sup>"Augmented Data" contained within brackets [ ].

<sup>b</sup>Medical and Surgical data combined.





TABLE I -- Continued

FOOTNOTES

<sup>c</sup> -- indicates data not available.

<sup>d</sup> Psychiatry included with Medicine.

<sup>e</sup> New hospital opened in July, 1969.

<sup>f</sup> Blank space indicates hospital does not have beds in that clinical service.

<sup>g</sup> Intensive Care beds included with Surgery.

<sup>h</sup> New Children's Pavilion opened in June, 1967.

<sup>i</sup> This hospital did not indicate that it had intensive care beds; however, the documents utilized for "Augmented Data" indicated this hospital had beds in the intensive care unit for 1966-1968. The ADPC could not be calculated as the data was not available. In 1969 the documents indicated there were no beds in the intensive care unit of this hospital; it is not known if these beds were subsumed under Medicine or Surgery or discontinued. Because of the discrepancy in the data, the intensive care beds from this hospital are not included in the totals.

<sup>j</sup> The patient days were not provided for the intensive care unit for years 1967 and 1969. However, in the Annual Report, 1968, p. 56, a notation at the bottom of Table 48 indicates that "Patient days accumulated in this unit have been included in with 'medicine and surgery' days."

<sup>k</sup> Indicates totals not calculated because data not complete.



TABLE II

NUMBER OF BEDS AND AVERAGE DAILY PATIENT CENSUS<sup>a</sup> IN OTHER EDMONTON HOSPITALS,  
BY TYPE OF CLINICAL SERVICE, 1966-1969

TYPE OF CLINICAL SERVICE	YEAR	O T H E R   H O S P I T A L S											TOTAL NO. OF BEDS
		6		7 <sup>b</sup>		8		9		10		11	
		BEDS	ADPC	BEDS	ADPC	BEDS	ADPC	BEDS	ADPC	BEDS	ADPC	BEDS	
Pediatrics	1966	107	92	c									107
	1967	107	94										107
	1968	107	82										107
	1969	109	91										107
Psychiatry	1966	20	9			-- d	--						e
	1967	36	20			[1252] <sup>f</sup>	--						1288
	1968	36	26			[1137]	--						1173
	1969	36	21			1025	NRA						1061
Rehabilitation	1966	212	186										212
	1967	240	214										240
	1968	240	219										240
	1969	256	227										256
Tuberculosis	1966							267	172				267
	1967							267	173				267
	1968							267	150				267
	1969					82	--	267	143				349
Cancer	1966												
	1967												
	1968			77	--								77
	1969			77	[40.6] <sup>g</sup>								77
Auxiliary	1966									174	168	172	[171.1] <sup>g</sup> 346
	1967									174	166.3	172	[171.1] 346
	1968									200	195.4	172	[171.1] 372
	1969									200	190.2	172	[171.1] 372



TABLE II -- Continued

TYPE OF CLINICAL SERVICE		O T H E R   H O S P I T A L S											
		6		7 <sup>b</sup>		8		9		10		11	
	YEAR	BEDS	ADPC	BEDS	ADPC	BEDS	ADPC	BEDS	ADPC	BEDS	ADPC	BEDS	ADPC
Total No. of Beds in the Hospital	1966	339	287			e	e	267	172	174	168	172	[171.1]
	1967	383	328			e	e	267	173	174	166.3	172	[171.1]
	1968	383	327	77	e	e	e	267	150	200	195.4	172	[171.1]
	1969	399	339	77	[40.6]	1107	e	267	143	200	190.2	172	[171.1]

<sup>a</sup>"Augmented Data" contained within brackets [ ].

<sup>b</sup>New hospital opened in October, 1968.

<sup>c</sup>Blank space indicates hospital does not have beds in that clinical service.

<sup>d</sup>-- indicates data not available.

<sup>e</sup>Indicates totals not calculated because data not complete.

<sup>f</sup>Tuberculosis beds were not indicated as such in the information provided to the investigator for years 1967 and 1968.

<sup>g</sup>Percentage of occupancy converted to ADPC.



of beds and the ADPC and the teaching opportunities available. Whereas the relationship may not be linear between learning opportunities and number of beds and ADPC, it would seem logical to argue that the relationship is at least a positive one. The author is quick to add that many other factors are also important in determining the availability of clinical experience.

The number of beds indicate to the hospital and nursing program the maximum number of patients that will be available for clinical experience.<sup>4</sup> Perhaps a more realistic figure for determining availability of clinical experiences is the ADPC which indicates the average daily number of patients occupying beds in that clinical area, or in that hospital. The need to look at ADPC is perhaps best illustrated by the data in Table I for pediatrics, where it can be seen that if students were accepted on the basis of beds, too many students would be allotted to this area in relation to the actual number of children in the hospital.<sup>5</sup>

It would appear that if a similar study is undertaken or if community wide planning was to be started involving all hospitals with clinical resources, provision must be made to ensure that all hospitals can supply or devise equivalent statistics. Another alternative, providing the information is suitable, is the utilization of statistics collected by the Provincial Department of Health.

Hospitals were requested to elaborate on any plans they had for major changes such as additional beds, programs or services. Changes listed for the remainder of late 1970 and for 1971 included





the enlarging of an ophthalmology department, the increasing of speech, psychology and occupational services, chronic respiratory disease, and mental health in-patient care, as well as mental health day and night care. One hospital is integrating with the University of Alberta Faculty of Medicine in clinical medicine and orthopedics for clinical experience. Another hospital indicated that active consideration is being given to a home care program, diagnostic facility and progressive patient care facility; however, no date for implementation was suggested. The only future additional beds appear to be in a new hospital (430 beds) which is to open in 1977. The beds in this hospital will be allocated to subspecialties as well as an expanded ambulatory department (including emergency, out patients, family clinic, day care patient treatment programs).

The ambulatory care areas of the hospitals are important sources of clinical experiences for nursing learners. The data indicates that four of the ten hospitals that completed this question have emergency departments, all in Acute hospitals. Seven of the ten hospitals have out-patient departments; however, two hospitals did not include information on the average number of patients seen daily. Only one hospital has a family clinic. Two hospitals have psychiatric day care patient treatment programs, while another hospital has a number of programs for the handicapped. One Acute hospital listed diabetic programs and prenatal classes under day care patient programs, while an Other hospital included a sheltered workshop under this heading; however, neither of the



hospitals included information regarding average number of patients.

Table III outlines the data provided by Acute and Other hospitals regarding the average number of patients seen daily in various types of ambulatory care facilities in 1969. As all hospitals did not provide data, the information outlined in Table III is limited in its usefulness as an indicator of available clinical experiences in the ambulatory care areas of Edmonton hospitals.

A very important question asked was whether or not the hospitals could accommodate more nursing learners and if they could, to indicate in which clinical areas. Table IV outlines the information provided. Under the heading "Other Clinical Areas" in the questionnaire, one hospital indicated more learners could be accommodated in geriatrics; while another listed tuberculosis affiliation and seminars for public health nursing undergraduates and post-graduates. One hospital indicated that arrangements for increased programs in rehabilitation had already been made for 1970-71.

It is interesting to note that three of the five Acute hospitals do not feel that they can accommodate more nursing learners. As can be seen from examining Tables XIV and XV, the Acute hospitals are used much more extensively than Other hospitals, for clinical experience by nursing learners. Also, the number of other learners utilizing Acute hospitals is much greater than for Other hospitals (see Table VI). However, what is not known from the present study is if the hospitals, especially the Acute hospitals, are able to



TABLE III

AVERAGE NUMBER OF PATIENTS DAILY IN AMBULATORY  
CARE AREAS, IN EDMONTON, BY TYPE OF HOSPITAL--  
ACUTE AND OTHER--IN 1969

Type of Hospital	Ambulatory Care Areas			
	Emergency	Out- Patient	Family Clinic	Day Care Patient Treatment
Acute	453	132	24	9 Day Psychiatric
Other		134		30 Nursery Handicapped 20 Preschool Handi- capped 100 Multiple Handi- capped



TABLE IV

EDMONTON HOSPITALS, ACUTE AND OTHER,  
WHICH COULD ACCOMMODATE ADDITIONAL NURSING LEARNERS,  
BY TYPE OF CLINICAL SERVICE, IN 1970

		No. of Hospitals	
		Acute	Other
Could Your Hospital Accommodate More Nursing Learners Than at Present For Clinical Experiences?	Yes	2	4
	Unsure		2
	No	3	
If "Yes," Indicate the Area(s)	Medicine	2	
	Surgery	1	
	Obstetrics	1	
	Pediatrics	2	1
	Psychiatry	1	1
	I.C.U.	1	
	Emergency		
	Out-Patient Dept.	1	1
	Family Clinic		1
	Day Care Patient Treatment Programs		1





accommodate more of the other health personnel learning groups into their hospitals. If the Acute hospitals are reaching maximum capacity of other learners, where and how will the programs find the needed clinical experience? Another interesting question is how do hospitals determine the maximum capacity of learners they are able to accommodate?

Table V outlines the type(s) and numbers of additional nursing learners that Edmonton hospitals, Acute and Other, could accommodate now and in the future. Two of the hospitals that indicated they could accommodate additional nursing learners did not outline the type(s) and numbers of nursing learners that could be accommodated. It may be that these two hospitals have not given serious consideration to this question and therefore did not have the required data available. However, one of the above hospitals indicated in the Administrative Questionnaire that the hospital does have an overall plan for utilization of clinical experiences by nursing programs. One would think that if a hospital had an overall plan, it would include information regarding the type of program and numbers of learners that could be accommodated. Perhaps the hospitals did not wish to reveal the types of programs and numbers of learners they would accommodate at this time. Another point of interest is that the hospital which indicated that a new hospital of 430 beds would be opening in 1977, did not indicate if additional nursing learners would be accommodated in the future.

In response to the question, "Is there one person in your



TABLE V

EDMONTON HOSPITALS, ACUTE AND OTHER, WHICH COULD ACCOMMODATE ADDITIONAL  
NUMBERS OF NURSING LEARNERS, NOW AND IN THE FUTURE,  
BY TYPE OF NURSING PROGRAM, IN 1970

Hospital	Type of Nursing Program	Timing		Approximate Number of Addi- tional Nursing Learners	
		Could Accept More Now	Could Accept More in the Future	Now	Future
Acute: 1	Basic Degree--4 yr. Post Basic Degree	X <sup>a</sup> X	b 1971	6 2	4
Other: 1	Psychiatric Nursing Diploma 2 yr. Certified Nursing Orderly Certified Nursing Aide Diploma Nursing 3 yr. RN: Other Programs Basic Degree--4 yr. Post Basic Degree	X  X X  X  Sept. 1970 Sept. 1970		Field Trip Only     20 30	
2	Diploma Nursing--3 yr. RN: Other Programs	X		18	
3	Psychiatric Nursing Diploma --2yr. Certified Nursing Aide Diploma Nursing--3 yr. RN: Other Programs Basic Degree--4 yr.	X X  X X		6 20  10 10	

<sup>a</sup>X indicates that the hospital could accept more students from that particular nursing program.  
<sup>b</sup>Blank space indicates that a response was not provided by the hospital.



hospital whose responsibility it is to coordinate the utilization of clinical experiences for all nursing programs. . . , " 9 of the 10 hospitals that completed the question indicated they did have a person that was assigned this responsibility. In six of the hospitals, the person responsible for the coordination was the person with overall control for the nursing service aspect of the hospital. In the four remaining hospitals, this responsibility was assumed by someone in the area of education.

In order to become more aware of the other types of learners using the hospital clinical resources, the hospitals were requested to indicate the numbers and types of other learners that utilized their hospital for clinical experiences in 1969. Table VI contains a tabulation of the above data for Acute and Other hospitals. Again the reader should be cautioned that one Acute and one Other hospital did not complete this question.

In order for the data to be of assistance in planning, the researcher believes that the programs for other health personnel learners should be included in the study and be asked for projected admission figures for the next five years. This information would allow hospitals to determine how many learners will be requiring clinical experience. However, the data collected in the present study is useful to the extent that the data has revealed over twenty different types of learners (besides the nursing programs in the study), who utilize the hospitals for clinical experience.

In light of the variety of learners utilizing the clinical



TABLE VI

NUMBER OF OTHER HEALTH PERSONNEL LEARNERS<sup>a</sup>  
RECEIVING CLINICAL EXPERIENCE IN EDMONTON HOSPITALS,  
ACUTE AND OTHER, IN 1969

'Other' Types of Learners	Number of Other Learners	
	Acute Hospital	Other Hospital
Medical: First year Med Students	7	5 per wk (variable)
Second year Med Students	7	40
Third year Med Students	76	56
Fourth year Med Students	92	60
Interns	70	-- <sup>c</sup>
Residents	250	4
Radiological	50	8
Laboratory	57	--
Medical Record Librarians	13	3
Inhalation Therapy	50	--
Occupational Therapy	25	16
Physiotherapy	88	40
Social Worker	1	
Social Worker Case Aide	1	2
Pharmacy	31	7
Dietary: Interne-Dietitians	28	
Dietary Technicians	12	10
Post Graduate Nursing Programs:		
Operating Room Technique	20	--
Advanced Practical Obstetrics	13 <sup>b</sup>	--
Cardiovascular	10	--
Other: Orthoptics	2	--
Operating Room Technicians (C.N.A.)	4	--
Clinical Clerks	2	--
Anaesthetic Training for Medical Officer in Medical Services	1	--
School Work Experience Students		10
TOTALS	910	101

<sup>a</sup>Other than nursing programs in current study.

<sup>b</sup>The investigator has cause to think that the figures given in response to this question about "Number of Other Learners," may be unreliable. For example, it was pointed out by Miss P.A. Field, a consultant for this study, that the number of Advanced Practical Obstetrical students reported differs from the actual number of learners enrolled.

<sup>c</sup>-- indicates data regarding number of learners were not provided.





resources, the hospitals were asked to indicate if they had a central planning committee which had the responsibility to coordinate the utilization of clinical experience for all health personnel learning groups. Only two of the ten hospitals that completed this question (both Other hospitals), indicated they had such a committee. One hospital indicated that a "committee of department heads plans utilization of clinical experience although the committee is also involved with other functions." The other hospital indicated that "representatives from all departments involved in affiliation meet to evaluate programs and plan future programs." It is interesting to note that one of the above hospitals, although having a central planning committee, could not outline the numbers and types of additional nursing learners the hospital could accommodate.

As the majority of hospitals do not appear to have any established way of coordinating the utilization of clinical experiences for all health personnel learning groups, one queries how the hospitals assure the most efficient and effective utilization of available clinical resources.

Finally, the hospitals were asked if they had contracts with all outside nursing programs. Eight hospitals indicated they had contracts with all outside nursing programs utilizing their hospitals, while one hospital indicated contracts with some nursing programs. Two hospitals did not respond to any part of this question. In response to the question regarding how often the contracts are renewed, seven hospitals indicated once every year, while two



stated every two years. Eight of the hospitals meet separately with each nursing program prior to renewal of contracts. One hospital, however, meets with all outside nursing programs at the same time prior to contract renewal.

#### Administrative Questionnaire Results

Table VII tabulates the information provided by the Administrators from Acute and Other hospitals regarding the type of nursing learners presently utilizing their hospital as well as indicating future priorities. Ranking was to be "forced" over the range of 1 (highest priority) to 10 (lowest priority). The rankings were incomplete, as can be seen by examining Table VII. For the most part, hospitals appeared to rank only the programs that presently utilize their clinical resources.

The poor response could be due to the question not clearly indicating the "mandatory" distribution of ranks, or perhaps, the respondents were not familiar with the needs of nursing programs other than ones with which they are currently involved, and therefore they did not know if they could provide additional suitable experiences. Also, the respondents may not have wished to reveal their priorities for providing clinical experience to nursing programs. Whatever the reason for the incompleteness of rankings, the utility of the data provided is highly questionable.

One Administrator who did not complete this question indicated that the data was not readily accessible (NRA). Another



TABLE VII

EDMONTON HOSPITALS, ACUTE AND OTHER, PRESENTLY UTILIZED FOR CLINICAL EXPERIENCES  
AND PRIORITY THAT CLINICAL RESOURCES WOULD BE PROVIDED, BY TYPE OF NURSING PROGRAM,  
IN 1970

Type of Nursing Program	Acute Hospitals										Other Hospitals									
	1	2	3	4	5	6	7	8	9	10	11									
	Aa Bb	A B	A B	A B	A B	A B	A B	A B	A B	A B	A B									
Psychiatric Diploma 2-year		NRA <sup>d</sup>	e					X 1 <sup>g</sup>												
Certified Nursing Orderly	X <sup>c</sup> 4			X 3	X f															
Certified Nursing Aide	X 3			X 4	X															
Diploma (RN) 3-year 'own' Program	X 1			X 1																
Diploma (RN) 3-year 'out-side' Program	X 7			1	X	X 4	X 4	X	X 1											
Diploma (RN) 2-year 'own' Program				1																
Diploma (RN) 2-year 'out-side' Program				1		X 5	X 3	X												
Basic Degree 4-year	X 2			X 1		X 1	X 1			X 1										
Post Basic Degree	X 5					X 2	X 2													

<sup>a</sup>Column A outlines the programs presently utilizing the hospitals.

<sup>b</sup>Column B outlines the priority that clinical experiences would be provided by the hospital (1 = highest priority; 10 = lowest priority).

<sup>c</sup>The X indicates the programs already utilizing the hospital for clinical experiences.

<sup>d</sup>This Administrator indicated the information was not readily available.

<sup>e</sup>This Administrator did not respond to this question.

<sup>f</sup>This Administrator did not indicate priorities for providing clinical experience.

<sup>g</sup>The Administrator in this hospital indicated ranking not appropriate.



Administrator who indicated the nursing programs utilizing the hospital at present, began ranking the programs and then added a comment that "ranking is not appropriate." However, this respondent did not give any reason why he thought ranking to be inappropriate.

The investigator believed that if hospitals had overall plans for allocating clinical resources for nursing programs, the priorities for providing experience to various nursing programs would have been considered. Therefore, the information needed for ranking nursing programs would be readily available.

The Administrators were asked if they had an overall plan in their hospital for utilization of clinical experiences by nursing programs. Only four of the ten Administrators who replied to this particular query, indicated they did not have plans of this nature in their hospital. Of these four hospitals, three were Acute hospitals. The two Administrators above, the one who indicated NRA and the other that ranking was inappropriate, both state they have an overall plan for utilization of resources by nursing programs. The investigator cautions the reader to take into consideration when evaluating the above findings, as well as others having to do with plans or planning, that neither "plan" nor "planning" was defined in the present study. Therefore, different interpretations of what is considered an overall plan, for example, might have occurred.

The Administrators were asked to elaborate on the participants who assisted in the formulation of the clinical experience plans for nursing programs. The responses indicated that the





Administrators and Head Nurses participated in formulation of the plan in all of the hospitals. In five of the hospitals, the Nursing Advisory Committee, Director of Nursing, Instructors and representatives from all "outside" nursing programs presently utilizing the hospital clinical resources, participated in the drawing up of the plan. The Medical Director, Director of Nursing Education and Supervisors were involved in four of the hospitals, while the Medical Advisory Committee, Director of Nursing Service and Board Members were involved in formulating plans for only three of the hospitals.

The investigator questions the validity of some of the responses given by Administrators as they were not in keeping with definitions of various positions utilized in the present study. For example, five hospitals indicated the Director of Nursing participated but the position, as defined in this study, was present only in two of these hospitals. Similarly, although responses revealed that the Directors of Nursing Education participated in formulation of plans for four of the hospitals, only two of these hospitals have nursing programs as defined under the terms of reference for the study.

Administrators whose hospital had an overall plan for utilization of clinical experience by nursing programs, indicated the plan was reviewed yearly in three hospitals, every two years in another hospital and periodically as required in one hospital. One Administrator indicated the plan was reviewed every year and every two years.

The Administrators were also asked if their hospital had an



overall plan for the utilization of clinical experiences by all health personnel learning groups. Four of the ten Administrators who answered this question, indicated that their hospital had such a plan.

It might be of interest to relate the present findings to those relating to the presence of a central planning committee in the hospital to coordinate utilization of clinical experiences for all health personnel learning groups (Question V, B, in the Institutional Questionnaire). The data collected for this question indicated that only two hospitals had such a central planning committee. However, only one of these hospitals indicated that it has an overall plan for the utilization of clinical resources for all health personnel learning groups.

The four hospitals with a plan for utilization of resources for all health personnel learning groups indicated that the Administrator, Director of Nursing and Department Heads (whose area will be utilized for clinical experiences), participated in the formulation of this plan. In three of the hospitals, the Medical Director, Medical Advisory Committee and Nursing Advisory Committee also participate in drawing up the plan. The Board Members and representatives from all health personnel learning groups participated in only two hospitals, while the Director of Nursing Service was a participant in one of the hospitals.

All of the Administrators signified that they review their plan for utilization of clinical resources by all health personnel learning groups. The interval between reviews varies, as one



hospital reviews the plan every year, one every two years and two periodically as required.

Lastly, the Administrators were asked to outline problems they have or foresee in relation to allocation of clinical resources. Three Administrators commented on the problem of procuring funds or material resources, while two were concerned with the availability of human resources or additional staff. Two Administrators expressed concern in similar areas, one in regard to the number of programs being established, and the other regarding the inadequacy of space to accommodate students in developing programs. Other problems cited by an Administrator included the "integration of facilities to avoid duplication (education and health, etc.)" and the "objectives of programs in relation to total health community."

#### Nursing Service Questionnaire Results

This questionnaire was completed by the eleven Directors of Nursing Service and with some modifications also by the three Directors of Nursing.

Both the Directors of Nursing and Nursing Service were asked about their participation in the allocation of clinical resources within the hospital. All Directors of Nursing indicated that they participate in allocation of resources for their own nursing program, as well as outside nursing programs. Only one Director of Nursing was generally consulted regarding allocation of clinical experiences for other health personnel learning groups. Five of the ten Directors



of Nursing Service who completed this same question, indicated they participated in the allocation of resources for their own nursing program. One Director of Nursing Service was consulted only for the hospital's own nursing program. Nine of these respondents indicated they also participated in allocating resources for outside nursing programs, while one was consulted. Four of the Directors of Nursing Service participated in the allocation for all health personnel learning groups utilizing the hospital.

Again the investigator questions the validity of some of the responses in that two of the Directors of Nursing Service indicated they participated in allocation of clinical resources for their own nursing program when the hospital they are associated with does not have a nursing program as defined in the study. As well, one Director of Nursing indicated under all health personnel learning groups that she participated in the allocation of resources for Certified Nursing Aide and Certified Nursing Orderly programs; however, both of these groups belong to nursing programs according to the definitions established for this study.

Tables VIII and IX summarize the data obtained on the number and the highest level of educational preparation of Head Nurses and Supervisors in Acute and Other hospitals. A system for categorizing the highest level of education of the Head Nurses and Supervisors had to be devised. This was necessary not only to provide more meaningful descriptive information but also for later statistical analysis. An ordinal scale of five categories was established;





TABLE VIII

HIGHEST LEVEL OF EDUCATIONAL PREPARATION OF SUPERVISORS,  
BY TYPE OF EDMONTON HOSPITAL, ACUTE AND OTHER,  
IN 1970

Supervisors	Category					FT	PT	TOTAL
	1	2	3	4	5			
Acute Hospitals	44	15	10	23	0	83	9	92
Other Hospitals	23	5	1	4	0	30	3	33

TABLE IX

HIGHEST LEVEL OF EDUCATIONAL PREPARATION OF HEAD NURSES,  
BY TYPE OF EDMONTON HOSPITALS, ACUTE AND OTHER,  
IN 1970

Head Nurses	Category					FT	PT	TOTAL
	1	2	3	4	5			
Acute Hospitals	129	27	13	7	0	176	0	176
Other Hospitals	46	7	2	0	0	55	0	55

CODE FOR TABLES VIII AND IX

<u>Category</u>	<u>Highest Level of Educational Preparation</u>
1	RN's and RPN's
2	Nursing Unit Administration; Clinical Courses; and University Courses
3	One Year University Diploma
4	Bachelor's Degree
5	Master's Degree, or Higher Level of Education
FT	Full Time Supervisors or Head Nurses
PT	Part Time Supervisors or Head Nurses



category 1 included all registered nurses and registered psychiatric nurses; category 2 included anyone with the highest level of education of a clinical course, nursing unit administration course, or university courses but not a university diploma; the third category included those with highest level of educational preparation of a university diploma; category 4 included those with a Bachelor's degree as the highest level of preparation; and anyone with a Master's degree or higher educational preparation was placed in rank 5. All Head Nurses and Supervisors were placed into one of the above five categories. These same categories were also utilized for the data provided by the Directors of Nursing Programs regarding the highest level of educational preparation of Instructors (Question XXI Nursing Program Questionnaire, see Appendix, p. 151).

It is of interest to note that 25 percent of the Supervisors in Acute hospitals have a Bachelor's degree as their highest level of educational preparation, while only 12.1 percent of the Supervisors in Other hospitals have this same level of education. In Acute hospitals, 47.8 percent of the Supervisors are in the first category in comparison to 69.6 percent of the Supervisors in Other hospitals who are also in this category. While 13.9 percent of the Head Nurses in Acute hospitals have a Bachelor's degree as their highest level of educational preparation, none of the Head Nurses are prepared at this level in Other hospitals. However, 73.2 percent of the Head Nurses in Acute hospitals are in category 1, in comparison to 83.6 percent of the Head Nurses in Other hospitals who also fall into this category. As the position of Supervisor and Head Nurse was



not defined in the present study, it is possible that a person in a position with similar responsibilities but with a different title, could have been omitted from the data provided by the Directors of Nursing Service.

Directors of Nursing and Directors of Nursing Service were also asked if they had, or foresaw, any problems in relation to allocation of clinical resources. A problem outlined by a Director of Nursing, as well as three of the Directors of Nursing Service, was that the programs selected the same time of day and days of the week. Two of the above respondents indicated that the day tour of duty is overloaded causing concern for continuity of patient care. Furthermore, they questioned why the 3 - 11 pm shift, Saturdays and Sundays, were not utilized for clinical experience. The one respondent expressed concern for lack of continuity in learning experiences while the other asked if the regular staff always had to fill in on the afternoon and night shifts, Saturdays, Sundays, July and August.

The problems presented above do not appear to be peculiar to Edmonton hospitals as Sr. Cassell states,

"... the student population traditionally has been concentrated on the day tour of duty for obvious reasons, two of which are the availability of clinical experience and of a clinical instructor. But what happens to the nursing service personnel regularly assigned to the unit? ... With a large number of students on the units Monday through Friday, patient assignments fluctuate radically. It is quite possible that nursing personnel, after a week of relatively light assignments and increased opportunity for individualized patient contact, may find themselves rushing frantically to and fro on weekends, on holidays, and on the evening shift. This, of course, is not to mention the confusion created in the minds of patients undergoing these changing standards of nursing care."<sup>6</sup>



Hayter questions the use of morning experience when she states,

"Frequently, hospital laboratory experience is scheduled in the morning, and the student spends most of her time giving baths, taking TPR's and doing other routine hospital activities. The question might arise whether this is wasted time since these are techniques in which she is already proficient."<sup>7</sup>

Ohio State University School of Nursing whose ". . . curriculum pattern assumed that the 7:00 A.M. to 12:00 M. period on the clinical units provided the optimum opportunities for learning,"<sup>8</sup> decided to conduct a study to determine how they could make optimum use of their clinical facilities. The general recommendation from the study was

". . . that the faculty utilize both the 7:00 A.M. to 12:00 M. and 12:00 M. to 7:00 P.M. hours of experience for equal numbers of junior students in medical-surgical nursing; utilize the 7:00 A.M. to 12:00 M. period for increased numbers of students in maternity nursing; and utilize 12:00M. to 7:00 P.M. for limited number of students in maternity nursing."<sup>9</sup>

Another author stated that ". . . more students could be accommodated in the clinical facilities if these facilities were utilized on Saturdays and Sundays."<sup>10</sup> As well, Hanebuth states that "night nursing has educational value for students, if it is planned and directed as carefully and conscientiously as any of their other clinical experiences."<sup>11</sup>

Lack of long range planning was also mentioned by respondents in both groups. One Director of Nursing Service stated that "unless all programmes requiring clinical areas get together and plan uniformly throughout the year, hospitals will not be able







to cope." A Director of Nursing expressed concern over "the proliferation of learners without cooperative planning among agencies." Another problem outlined was "the number of students requiring clinical experience in relation to the amount of clinical experience available. . . ." One Director of Nursing Service indicated that their hospital eventually may have to restrict accepting nursing students or else scheduling may have to be changed. Concern was also expressed for the need to clarify acceptable concepts of psychiatric nursing practice today and the evolving roles. A suggestion made by a Director of Nursing Service was that "an umbrella approach is needed in which a core of educators located in a facility of higher learning would plan and follow through the preparation of nurses to meet the needs of the psychiatric patients--on a continuum of care basis. . . . All available community and treatment facilities could be used for clinical experience."

Other problems voiced by a respondent in the Director of Nursing group include: "inadequate use of community resources;" the "lack of preparation of Bachelor of Science graduates in curriculum planning and clinical learning experience;" "inadequate methods of evaluating clinical learning experience;" "concept of specialization versus concept of basic nursing skills of some school directors;" and "regionalization of learning experience."

Concerns expressed by the Directors of Nursing Service include: "the varieties of programs and need to provide areas of basic care and specialty care;" the "coordination of the educational activities of



several learning groups. . . ;" ". . . the total effect on the patient of a great variety of learning groups;" "lack of leadership;" and the "large number of patient transfers because of need for elective patients in Clinical Teaching areas."

Some of the Directors of Nursing and Directors of Nursing Service also took the opportunity to add other remarks relating to issues in the questionnaire which they considered significant. One Director of Nursing Service added the remark that the "Head nurse carried the load with students from all programs utilizing the ward [resulting in] difficulty at times interpreting to the patients." Another Director of Nursing Service took the opportunity to clarify why she specified nursing education as moderately important throughout the questionnaire; her reason was that in nursing service the first goal was patient care, secondly education and thirdly research. Remarks added by a Director of Nursing include: "integrated programme--both for hospital schools and colleges, utilizing community resources;" the "integrating of Maternal and Child Health, and Psychiatric Nursing into total programme;" and "programs for nursing are still fractionated."

#### Nursing Program Questionnaire Results

The Directors from the various nursing programs were asked to define the role for which their graduates are being prepared. The respondents from the Diploma programs defined the role of their graduates as follows: "Basic nursing care with the ability to advance to many roles with experience and training;" "prepares individuals for first level graduate responsibility;" "prepared to



function as a registered nurse on all tours of duty;" and "to meet the nursing needs of the psychiatric patient within a mental hospital." One Diploma program provided only the objectives of their program which were:

"To develop a nurse who possesses the knowledge, skills and attitudes:

- 1) to observe symptomology of the patient's condition and needs;
- 2) to evaluate the needs of the patient in the hospital and in the community;
- 3) to provide nursing care and health teaching to best meet the needs of the patient and his family in the hospital and community;
- 4) to establish effective communication with the total health team resulting in coordination and the fullest utilization of hospital and community services for the patient;
- 5) to plan and direct the work of the other nursing personnel;
- 6) to utilize intellectual curiosity and self-motivation to further her personal and professional growth."

Graduates from one of the degree programs in the study are prepared to be: "team leaders or assistant head nurses in acute, rehabilitative or chronic hospitals;" "junior instructors after some working experience;" and "first level public health nurses (school, V.O.N., etc.)." The above graduates are also prepared for "general duty bedside nursing." The other degree program indicated their graduates are prepared for positions "in hospital and community health agencies and to assume leadership positions in teaching and nursing service administration."

One Auxiliary nursing program defined the role of their graduates as ". . . to give comprehensive practical nursing care to selected patients and assist as a member of the nursing team, with the nursing care of other patients," while the other program in this



category defined their graduates' role as "to give safe nursing care as a member of the nursing team."

One Director of a Nursing Program commented that apart from some of the obscurity that exists between nursing groups regarding the area of roles, the most important task facing their nursing program was to study and define the role of their own graduate.

The respondents from the Nursing Programs were asked to submit data on the number of students they admitted to their programs for years 1966-1969, as well as the number of students they were planning to admit for years 1970-74. The data collected is outlined in Table X. It should be noted that one of the Auxiliary nursing programs was able to provide only approximate number of learners admitted to the program for years 1966-1969 as exact figures were not available.

The incompleteness of the data on projected admissions for years 1970-1974 (see Table X) added to the fact that one nursing program indicated figures submitted were approximate, limits usefulness of this data. If the projected admission figures had been completed by all programs, the hospitals would be able to gain some insight into the number of nursing learners that will need to utilize the hospital clinical resources in the future, and would therefore be able to plan how these experiences can best be provided. Furthermore, the investigator questions how administrators, who indicated their hospitals had an overall plan for utilization of clinical experiences by nursing programs (Question XI, Administrative







TABLE X

STUDENTS ADMITTED, 1966-1969 AND PROJECTED ADMISSIONS, 1970-1974,  
BY TYPE OF EDMONTON NURSING PROGRAM, DIPLOMA, DEGREE AND AUXILIARY

Type of Program	1966	1967	1968	1969	1970	1971	1972	1973	1974
Diploma	311 <sup>a</sup> 53 48	329 60 52	284 28 54	311 47 -- <sup>d</sup>	315 <sup>b</sup> 50 45	120 <sup>c</sup> 60 35	120 60 e	120 60 e	120 60 e
Degree	27 78	31 90	33 83	36 162	48 80	48 100	60 100	60 125	60 125
Auxiliary	275 <sup>f</sup> -- <sup>g</sup> ---	275 14 ---	275 50 ---	275 85 ---	300 90 ---	300 90 <sup>h</sup> ---	300 90 ---	300 90 ---	300 90 ---
TOTALS	792	851	807	916	928	* <sup>i</sup>	*	*	*

<sup>a</sup>Total includes data from three 3-year RN Diploma programs for years 1966-1970.

<sup>b</sup>As one program provided a range of 125 - 136 students, the investigator utilized 130 for the purpose of calculating totals for the table.

<sup>c</sup>Only one of the three 3-year RN Diploma programs provided data for years 1971-1974.

<sup>d</sup>This Diploma program did not admit students in 1969.

<sup>e</sup>This Diploma program did not provide data for years 1972-1974.

<sup>f</sup>Program indicated between 500 and 600 students were admitted to their two schools for years 1966-1969; however, as only one of these schools is located in Edmonton, the investigator utilized the average to represent the number of students admitted to this Edmonton Nursing Program.

<sup>g</sup>This program did not admit students until 1967.

<sup>h</sup>Approximate figures for 1971-1974.

<sup>i</sup>\* Indicates total not calculated as data was incomplete.



Questionnaire, pp. 131-132) could possibly formulate such a plan with the lack of projected admission figures from all nursing programs.

The lack of projections on the part of some of the programs appears to indicate that these nursing programs are not aware of their future needs for clinical experiences. Does this lack of planning by some effect others who do plan ahead from making appropriate arrangements for their students?

Two of the schools that did not indicate projections added the following comments: one program indicated their program could not have more than 375 students in the school at any one time; the other said that "we need to look at program changes, budget, availability of clinical facilities and the available market before meaningful projections can be made." An interesting consideration which stems from the above comments is what factors were considered by the other programs in making projections?

The data obtained from the various nursing programs regarding the highest level of educational preparation of their Instructors, was categorized according to the scale devised for Supervisors and Head Nurses (see p. 60 ). Table XI outlines the number and the highest level of educational preparation of Instructors in Degree, Diploma, and Auxiliary nursing programs in Edmonton. It is interesting to note that 75 percent of the Instructors in the Degree program have a Bachelor's degree as their highest level of preparation, while 62.7 percent of Instructors in Diploma programs and 17.6 percent in Auxiliary programs have this same level of preparation.



TABLE XI

HIGHEST LEVEL OF EDUCATIONAL PREPARATION OF INSTRUCTORS,  
BY TYPE OF EDMONTON NURSING PROGRAM,  
DEGREE, DIPLOMA AND AUXILIARY,  
IN 1970

Instructors	Category					FT	PT	TOTAL
	1	2	3	4	5			
Degree Programs	-	-	3	21	4	23	5	28
Diploma Programs	6	5	29	74	4	98	20	118
Auxiliary Programs	8	3	3	3	-	10	7	17

CODE FOR TABLE XI

<u>Category</u>	<u>Highest Level of Educational Preparation</u>
1	RN's and RPN's
2	Nursing Unit Administration; Clinical Courses; and University Courses
3	University Diploma
4	Bachelor's Degree
5	Master's Degree or Higher Level of Education
FT	Full Time Instructors
PT	Part Time Instructors



Although the nursing programs were requested to provide information on the total number of Instructors employed by their nursing program, the investigator cautions that total numbers of Instructors was not defined in the present study. As a result, not all programs interpreted the question the same way; for example, one program indicated they included nurse and dietitian Instructors, another included only nurse Instructors, while a third program also included the sociology and psychology Instructors.

Tables XII and XIII outline the highest level of educational preparation of Supervisors, Head Nurses and Instructors. Further discussion on the data contained in the above Tables takes place under the heading "Inferential Analysis."

The Directors of the program were asked if they foresaw any of the factors listed in Question VIII (see Appendix, p. 151 ff) becoming more dominant in determining size of admission. Five of the nine respondents replied "yes" to this question.

One Director indicated that the presence of an overall plan for utilization of clinical resources "must become more dominant, as too many learners are placed in this hospital." This same respondent also indicated that patient safety was most important.

Three respondents commented on factors under F regarding costs which included: "availability of dollars to carry the program;" "increase in students will mean increase in faculty;" "new tight budget may preclude this possibility;" and "in an increasingly cost





TABLE XII

HIGHEST LEVEL OF EDUCATIONAL PREPARATION, BY  
SUPERVISORS, HEAD NURSES AND, INSTRUCTORS,  
IN EDMONTON, 1970

	Total Number	Category				
		1	2	3	4	5
Supervisors	125	67	20	11	27	0
Head Nurses	231	175	34	15	7	0
Instructors	163	14	8	35	98	8

TABLE XIII

HIGHEST LEVEL OF EDUCATIONAL PREPARATION, BY  
SUPERVISORS AND HEAD NURSES, AND INSTRUCTORS,  
IN EDMONTON, 1970

	Total Number	Category				
		1	2	3	4	5
Supervisors and Head Nurses	356	242	54	26	34	0
Instructors	163	14	8	35	98	8

CODE FOR TABLES XII AND XIII

<u>Category</u>	<u>Highest Level of Educational Preparation</u>
1	RN's and RPN's
2	Nursing Unit Administration; Clinical Courses; and University Courses
3	University Diploma
4	Bachelor's Degree
5	Master's Degree or Higher Level of Education



conscious environment, we must begin to pay more heed to cost factors."

One Director indicated that factors under C and D (see Appendix, pp. 152, 153) will become more dominant "because of the rapidly increasing number and variety of students who are utilizing the same clinical experiences. It is becoming more and more important that clinical learning experiences be expanded in relation to the increased numbers of learners using them."

Another respondent referring to the factor (C.d) the maximum number of learners assigned to any one ward (see Appendix, p. 152) indicates this number is increasing, "therefore limits will have to be set." As well, this Director of a Nursing Program indicates that the hospitals own schools are increasing not decreasing in size.

Two members of this group indicated that the factor C.j regarding recruitment (see Appendix, p. 152) would become more dominant. One of these respondents included a statement to the effect that obviously the future needs and patterns of hospital staff will, to a great extent, determine requirements for graduates of a program; this would therefore have an effect upon the size of admission. The other respondent indicated that this factor "is particularly important and can be expanded to include the available market in general (not only our hospital) for our graduands."

In response to the question seeking information on the number of hours of hospital clinical experience required per student, only three Diploma programs indicated a definite number of hours or weeks.



The amount of hospital clinical experience required by these three programs were: approximately 3237 hours; 1350 hours; and 33 weeks of supervised clinical experience. The Diploma program which indicated approximate number of hours, stated that "since the change in 'regulations' no specific policy as yet exists." The one Degree program indicated no maximum or minimum exists, while the other program requires four hours per week for one term. The Auxiliary program requirement for hospital clinical experience was 800 hours for one program and 600 hours for the other program.

The data obtained from Question XXIV.A (see Appendix, p. 155) indicated that three programs were limiting numbers of learners admitted to their nursing programs because of a lack of hospital clinical experiences. Two of the nursing programs were Diploma programs, while the other was a Degree program. Although another Diploma program indicated that they did not limit the number of learners admitted to their nursing program because of a lack of hospital clinical experiences, the respondent did add a comment to the effect that it was a partial consideration in limiting number of students admitted. One Diploma program indicated they had a shortage of clinical experience in all areas, while the other Diploma program outlined the areas where there is a need for more experiences as medicine, surgery, pediatrics and obstetrics. This Director also added the following comment: "Because at present clinical experiences outside the hospital are limited, we must limit our numbers to the clinical facilities in the hospital rather than a lack in any area." The Degree program expressed need for clinical experiences in medicine, psychiatry



and intensive care (care of seriously ill patients). The Director of this program indicated that "obstetrics and pediatrics may be a problem with 60 students--will need curriculum changes to cope."

It is interesting to relate the data in Table IV (which outlines the areas in the hospitals where more nursing learners could be accommodated) to the needs expressed by the above nursing programs. Perhaps even more important is that one of the programs which limits the number of students it admits is directly associated with a hospital that indicated it could accommodate additional nursing learners.

Two responses (from a Diploma and an Auxiliary Nursing Program) to the question seeking information on whether or not outside agencies control the minimum or maximum size of the class, indicated that the provincial government stipulates size of classes. A respondent also from an Auxiliary program, indicated that the size of the class was controlled by both federal and provincial monies received by the program and the learners. Another Diploma program indicated that size of admission was controlled by an outside agency, and under specification of what agency the Director stated "in keeping with 'Regulations Governing Schools of Nursing'--Coordinating Council of the University of Alberta." The investigator questions the above response in that the regulations do not set minimum or maximum limits as to the size of classes that can be admitted to each school.

Tables XIV and XV outline the types and level of nursing learners utilizing various areas of the Acute and Other hospitals.





TABLE XIV

TYPE OF NURSING PROGRAM AND LEVEL OF LEARNERS PRESENTLY UTILIZING CLINICAL RESOURCES  
IN ACUTE EDMONTON HOSPITALS, BY TYPE OF CLINICAL SERVICE, IN 1970

TYPE OF CLINICAL SERVICE	A C U T E   H O S P I T A L S				
	1	2	3	4 a	5
Medicine	3 yr RN Diploma (1st and 3rd yr) Basic Degree (2nd and 3rd yr) CNA (Sr) CNO (Sr)	3 yr RN Diploma (Jr and Sr) Basic Degree (2nd yr) CNA (Sr)	2 yr RN Diploma (Jr and Sr) CNO (Sr)	3 yr RN Diploma (Jr, Intr, Sr) CNA (Sr) CNO (Sr)	Basic Degree (1st yr) CNA (Sr) CNO (Sr)
Surgery	3 yr RN Diploma (1st and 3rd yr) Basic Degree (2nd and 3rd yr) CNA (Sr) CNO (Sr)	3 yr RN Diploma (Jr and Sr) Basic Degree (2nd yr) CNA (Sr)	2 yr RN Diploma (Jr and Sr) CNO (Sr)	3 yr RN Diploma (Jr, Intr, Sr) CNA (Sr) CNO (Sr)	Basic Degree (1st yr) CNA (Sr) CNO (Sr)
Pediatrics	3 yr RN Diploma (2nd yr) Basic Degree (2nd yr) CNA (Sr)	3 yr RN Diploma (Intr, Sr) Basic Degree (2nd yr) CNA (Sr)	2 yr RN Diploma (Jr)	3 yr RN Diploma (Intr, Sr) CNA (Sr)	CNA (Sr)
Obstetrics	3 yr RN Diploma (2nd yr) Basic Degree (2nd yr) CNA (Sr)	3 yr RN Diploma (Intr, Sr) Basic Degree (2nd yr) CNA (Sr)	2 yr RN Diploma (Jr)	3 yr RN Diploma (Intr., Sr) CNA (Sr)	CNA (Sr)



TABLE XIV -- CONTINUED

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TYPE OF CLINICAL SERVICE	A C U T E   H O S P I T A L S				
	1	2	3	4	5
Psychiatry	3 yr RN Diploma (2nd yr) Basic Degree (3rd yr)	3 yr RN Diploma (Sr ) Basic Degree (3rd yr)	2 yr RN Diploma (Sr )		
Intensive Care	Basic Degree (3rd yr)	3 yr RN Diploma (Sr )		3 yr RN Diploma (Sr )	
Emergency	3 yr RN Diploma (2nd yr) Basic Degree (3rd yr)	3 yr RN Diploma (Sr )	2 yr RN Diploma (Sr )	3 yr RN Diploma (Sr )	
Family Clinic	Basic Degree (4th yr)				
Operating Room	3 yr RN Diploma (2nd yr)	3 yr RN Diploma (Intr )		3 yr RN Diploma (Intr )	
Out-Patients	Basic Degree (2nd yr) <sup>b</sup>				
Other	Basic Degree <sup>c</sup> (2nd yr)	3 yr RN Diploma <sup>d</sup>			3 yr RN Diploma (Intr.) <sup>e</sup> 3 yr RN Diploma (2nd yr) <sup>f</sup> Post Basic Degree (1st yr) <sup>g</sup>

<sup>a</sup>There is a discrepancy in the information provided by a nursing program and this hospital regarding the types of nursing students utilizing the hospital (see Table VII, p. 53).

<sup>b</sup>Medicine, surgery and obstetrics experience utilized.

<sup>c</sup>Emotionally disturbed children.



TABLE XIV -- CONTINUED

FOOTNOTES

<sup>d</sup> Utilize this hospital for the following experiences: Basic Nursing (Jr); Diet Therapy (Int); Orthopedics (Int); Gynaecology (Int); Eye, Ear, Nose and Throat (Int); and Neuro and Thoracic (Sr). Although this is the only nursing program which indicated under heading "other" that it utilized specialty areas in the hospital such as Gynaecology and Orthopedics, we cannot conclude that other Acute hospitals do not furnish these experiences. Rather, the specialty experiences might be subsumed under the broader heading of surgery or medicine.

<sup>e</sup> Tuberculosis nursing.

<sup>f</sup> Type of experience utilized not specified.

<sup>g</sup> Long term hospitalized patient.



TABLE XV

LEVEL OF LEARNERS AND CLINICAL EXPERIENCES PRESENTLY UTILIZED IN OTHER EDMONTON  
HOSPITALS, BY TYPE OF NURSING PROGRAM, 1970

TYPE OF PROGRAM	O T H E R   H O S P I T A L S					
	6	7	8	9	10	11
Basic Degree	1st yr, Medicine and Surgery, 2nd yr Pediatrics & Emotionally Disturbed Children	1st yr, Surgery	3rd yr, Psychiatry		1st yr, Basic Bedside Care	
Post Basic Degree	1st yr, Long Term Hospitalized Patient	1st yr, Long Term Hospitalized Patient				
3 yr RN Diploma	Int, Rehabilitation Nursing	Int, Cancer Nursing	2nd yr, Psychiatry, Int, Psychiatry	2nd yr <sup>a</sup>		
2 yr RN Diploma			Sr, Psychiatry			
Psychiatric Diploma, 2 yr			All levels, Psychiatry			
CNO					Jr, Auxiliary	Jr, Auxiliary

<sup>a</sup>Type of experience not specified.





As all programs did not indicate the number of learners and the hours of experience for each level of learner during a course of a year, this data is not reported.

The data provided by the schools of nursing revealed that not one Diploma RN program utilizes clinical experiences in Auxiliary hospitals. This point is of particular interest in view of the recommendation which was made in a study published in Alberta in 1963, that the "Schools of Nursing should consider affiliation with auxiliary hospitals to give nurses some experience in this type of nursing care."<sup>12</sup>

Two nursing programs indicated that their students receive clinical experience in private nursing homes while three programs utilize government nursing homes.

Two nursing programs indicated that other nursing programs are affiliated with their programs. The affiliation in one program is in pediatrics and obstetrics for second year students of a Diploma RN program. While the other program receives affiliates who are in their intermediate year, for psychiatric experience from Degree and Diploma RN programs.

Table XVI outlines the terms contained in the agreements between the nursing programs and the hospitals whose clinical resources are utilized.

In order to determine the knowledge that the Directors of various programs have of each others programs, questions requesting



TABLE XVI

CONTRACTS EDMONTON NURSING PROGRAMS (DEGREE, DIPLOMA AND AUXILIARY) HAVE WITH  
THE HOSPITAL WHOSE CLINICAL EXPERIENCE IS UTILIZED,  
BY TERMS OF AGREEMENT, 1970

TERMS OF AGREEMENT	T Y P E O F P R O G R A M									
	Diploma					Degree		Auxiliary		
	1	2	3	4	5	1	2	1	2	
Purpose of Agreement	x <sup>a</sup>	x	x	x	x	x	x	x	x	
Beginning and Terminal Dates of Contract	x	x	x	x	x	x	x	x	x	
Method of Renewal	x	x	x	x	x	x	x	x	x	
Method of Termination	x	x	x	x	x	x	x	x	x	
Basis for Program Evaluation		x	x	x	x	x	x	x	x	
Legal Aspects		x		x	x	x	x	x	x	
Provisions of Classrooms				x	x	x				
Provisions of Offices				x	x	x				
Provisions of Locker Space										
Dining Privileges		x		x		x	x	x		
Hours and Services Available for Experiences		x		x	x	x	x			
Provisions of Faculty		x	x	x	x	x	x	x	x	
Follow Administrative Channels in Planning				x	x	x				
Student Clinical Experience		x		x	x			x	x	
Adhere to Hospital Policies and Standards		x	x	x	x		x	x	x	
Living Accommodation	x	x	x		x					
Other: Pre-requisite Courses		x								
Student Stipend		x								
Library Facilities		x								
Medical Care		x	x							
Records Provided by Both Parties		x	x							
Provision of Supplies for Patient Care										
No Remuneration for Services										

<sup>a</sup> x indicates the term is contained in nursing program's agreement with the hospital(s).

<sup>b</sup> Health Services and Immunization.



information about all nursing programs were included in this questionnaire. The respondents were asked to circle one of a list of numbers which they thought most closely approximates the number of students admitted to the Edmonton nursing programs in 1969. Only one Director of Nursing Program selected the nearest response. The next question asked the members of this group if they were aware of any program in Edmonton having projected admission figures. Only three of the respondents indicated they were aware of such projections; however, not one of the Directors were able to identify all the programs that indicated (in the present study) they had projected admission figures for the next five years.

The validity of the answers provided in regards to projected admission figures is questioned, as the Directors from three of the nursing programs that listed projected admission figures indicated that they were not aware of any school in Edmonton having this data available.

The respondents were presented with a list of hospitals and nursing homes and asked to indicate which facilities were being utilized by nursing learners for clinical experiences. This question was not answered correctly by any Director of a nursing program.

It would appear, at least from above results, that there is not much concern for or intercommunication between the various nursing programs. The investigator believes the results obtained from the above questions if presented to the Administrators, Directors of Nursing and Directors of Nursing Service, could also be a



very useful guide in determining the amount of overall knowledge these groups have about all nursing programs in Edmonton.

Problems cited by the Directors of Nursing Program in relation to allocation of clinical resources include: concern in one Edmonton hospital that "there is not enough clinical experience on a 9 am to 5 pm Monday to Friday basis for all the health groups, who are having clinical experience. . . ;" "difficulty in expansion because of problems of students in all areas--medical-surgical as well as specialized areas;" No priority exists in the hospitals as "nursing aid and degree students rated on same priority--need to utilize certain hospitals for certain levels of learners; no evidence of such planning;" "lack of cooperation and coordination between various schools in order to make best use of available facilities and therefore optimal use of facilities not being obtained;" Different levels and numbers of learners requiring clinical experience; and "time of year facilities are available." Another problem outlined which could add extra pressure on Acute hospitals for clinical experience is that one nursing program whose graduates receive better salaries in Acute hospitals (and as a result this is where they tend to be employed), is considering utilizing only these hospitals for all experiences in their nursing program.

#### Results of Questions VIII, X, and XIII

Question VIII (see Appendix, p.127 ff) a lengthy and time-consuming question, asked Administrators, Directors of Nursing Service, Directors of Nursing and Directors of Nursing Programs





to indicate their opinions on the degree to which the forty-nine factors listed influence decisions in the allocation of clinical nursing experience. The scale for determining the degree of influence was composed of only three categories: least (1), moderately (2), and most important (3). It is not surprising that the Directors of Nursing with such a small number in their sample, came to agreement on the importance of more factors than did all the other groups (see Table XVII, Appendix, p.165 ff). The Directors of Nursing all agreed that factors 5 and 20 are least important, while in their views, factors 2, 26, 32, 33 and 42 are moderately important. Factors 1, 12 and 13 were ranked most important by all members of this group. As well, the Directors of Nursing and Directors of Nursing Service ranked factor 6 as being most important. Factor 4 was indicated as least important by all Directors of Nursing Programs. The Administrators all agreed that factors 34 and 45 were most important.

Table XVIII (see Appendix, p.172 ff) which shows the Hospital comparison of responses for Question VIII, reveals that only respondents not directly associated with a hospital were able to reach agreement on the importance of any of the factors. This group agreed that factors 3 and 4 were least important, 11 and 22 were moderately important, while 6, 13, 25, 34 and 35 were most important.

It is interesting that there was not more agreement regarding the opinions on the relative importance of the factors. One possible explanation could be due to the respondents' difficulty



in interpreting the question; three respondents commented on this point. Another reason could be that joint discussions have not been held by members of each group to share their ideas and reach consensus of opinion on the importance of factors in influencing decisions on allocation of clinical nursing experience. As well, differences in the way the respondents perceive the question and answer, might be attributed to factors such as age, academic preparation and experience.

The respondents were asked to indicate any other factors which they felt influences decisions on allocating nursing clinical experiences. The Administrators included the following factors which were rated as being most important: attitude of students in classes; enthusiasm and commitment of instructors; audiovisual aides; and properly constructed and ventilated classrooms.

A member of both the Directors of Nursing and the Directors of Nursing Service group added the following factors which were indicated as being most important: lack of formal preparation of supervisors and head nurses; and co-existence of the registered nurse and registered psychiatric nurse in service. The attitude of the head nurses and supervisors to the learner was listed as a moderately important factor by these respondents. A Director of Nursing also indicated that the "continuity of learning experience" was a most important factor. Other factors which were listed by respondents in the Director of Nursing Service group as most important include: allowance for continuity of care and relationship between patient and student; information for rehabilitation; public relations



for cancer program; and understanding of cancer treatment and prevention. One moderately important factor listed was the time of year.

The members of the Directors of Nursing Program group included the following factors which they considered to be most important: the availability of patients with families in the city (e.g., in cases involving "follow-up" visits); the length of hospitalization; and the opening of a new specialty which is desirable to the program. One respondent added the factor "program supported by one particular hospital" but did not indicate the degree of importance of this item. A point in relation to the question of "other" factors which Directors deemed important is that one Director added a factor under "other" which was already contained in the structured list, but the degree of importance the respondent assigned to it was different in each instance. While in terms of the aggregate data this type of inconsistency is of minor consequence, it does lend weight to the investigator's decision against making general assumptions about reliability of the data.

One Director of a Nursing Program added a comment regarding factor C.k (see Appendix, p.152) which relates to the service contribution made to patient care by nursing students. She indicated that this factor is very true in their hospital and "we hope in the future (at some time) I could say 'least important'." As well, one Administrator wrote that "an excessive additional cost would of course change the answer in VIII.F.a (see Appendix, p.154 ) from moderately to most important."



Question X (see Appendix, p. 131) requested respondents to rank the importance of the role played by various persons or groups (1 = most important, . . . , 11 = least important) in making decisions on numbers of nursing learners accepted and kind(s) of clinical experience in the hospital. Two respondents both from the Acute hospital group, one an Administrator, the other a Director of a Nursing Program, were eliminated from the sample for this question as they did not complete any of the rankings. In reviewing the frequency distribution of the rankings by Hospitals and by Groups (see Tables XIX and XX, Appendix, p.178 ff), it is interesting to note that complete agreement regarding the ranking of any person or group was not obtained by any sample. The reasons for lack of agreement in the groups, as well as between groups, are probably many; however, some of the possible explanations have been outlined earlier in this chapter (see pp. 83-84).

Question XIII (see Appendix, p. 133), required participants in the study to indicate the type of planning which most closely approximated their thinking regarding the best way to allocate hospital clinical resources. Tables XXI and XXII outline the frequency distribution of responses by Groups and Hospitals (see Appendix, pp.182,183). Both the Directors of Nursing and Directors of Nursing Service indicated that planning in regards to the best way to allocate clinical resources should be voluntary. The former group also indicated that all health personnel learning groups should be represented in the planning. It is interesting that the Administrators, who provide







experiences, and the Directors of Nursing Programs, whose nursing learners utilize experiences, did not agree on the type of planning to best allocate hospital clinical resources.

One Administrator did not select a choice for type of learning groups that should be represented, "because each discipline should work this out with or through the hospital administration." A Director of Nursing Service stated in relation to level of hospital planning that, "I do not agree that there is only one answer. I see that provincial, regional and local areas would be equally important in a unified comprehensive delivery service--in the provision of care and the preparation of personnel."

### Inferential Analysis

Nonparametric statistical tests utilized were the Kruskal-Wallis one-way analysis of variance by ranks for K independent samples (K-W) and the Kolmogorov-Smirnov two independent sample test (K-S). The K-W technique was chosen as it is suitable for comparing three groups simultaneously and therefore indicates upon which variable to focus attention. The K-W test calculates an H statistic which is distributed approximately as chi square with  $df = K-1$  (the critical value for all such cases in this study was  $\chi^2 = 5.99$ ). However, when too many ties occur, as is the case in the present study, the assumptions of the data underlying the K-W model are violated.

The K-S test was thus utilized as well, since this technique handles ties more effectively. The Kolmogorov-Smirnov test ". . .



tests for the extent to which one cumulative frequency distribution differs from another. The two distributions may differ with respect to location, dispersion, or skewness."<sup>13</sup> The procedure tests "whether the maximum observed differences are large enough to refute the hypothesis that identical population distributions are sources for both sets of data."<sup>14</sup> Furthermore, this test can investigate the variables indicates by the K-W test as significant and determine between which specific groups a significant difference occurred. However, comparing two groups at a time, instead of K groups simultaneously, one's alpha level is increased. This has the liberalizing effect of rejecting more null hypothesis than normally would be the case. However, it was hoped this effect was counterbalanced in the present study by the use of the chi square approximation for small unequal sample sizes which tends to lead to a conservative test <sup>15</sup> (the critical value for all such cases in this study was  $\chi^2 = 5.99$ ). For all reported results of the K-S test, the mean and standard deviation (SD) are presented since this "test is sensitive to any kind of difference in the distributions from which the two samples were drawn. . ."<sup>16</sup> The reader should also refer to the appropriate frequency tables.

In the application of the K-W test for Group and Hospital comparison of the average ranks of the forty-nine variables in Question VIII, none of the results was significant, therefore, the null hypothesis was accepted.

Because the results from the K-W tests did not indicate that any variables were significant, the K-S technique was utilized because



of the great number of ties. Only variable 44, sequence in which requests are submitted for clinical experience in the hospital, showed a significant difference in the ranking of importance by Directors of Nursing Programs and Directors of Nursing Service ( $.02 > P > .01$ ). The mean rank for the Directors of Nursing Programs was 1.33, while the mean rank for the Directors of Nursing Service was 2.18. The standard deviation was 0.47 for Directors of Nursing Programs and 0.39 for Directors of Nursing Service. The significant difference is probably due to differences in the mean as the variance in ranking for both groups is quite similar.

The results of the K-W test on the rankings by Groups and Hospitals for Question X (see Appendix, p. 131) indicated significant results for one variable, that of Instructors. The K-S test was then used to find out specifically which groups differed significantly in their rankings of the Instructors, as well as to determine if other variables would have significant results.

The K-W results for the variable Instructors ( $.02 > P > .01$ ) indicated that there was a significant difference in the way the various groups ranked the importance of the Instructors' role in making decisions regarding clinical experiences in the hospital. The sum of the ranks (1 = most important, . . . , 11 = least important) was 149.00 for Administrators, 66.50 for Directors of Nursing Programs, and 219.50 for Directors of Nursing Service, which illustrates the difference in ranking.

The K-S technique revealed that the significant difference



in ranking the importance of the role of the Instructor was between the Directors of the Nursing Programs and the Directors of Nursing Service ( $.05 > P > .02$ ). The mean was 4.00 and the SD was 2.50 for the Directors of the Nursing Program and 8.00 was the mean and 2.22 the SD for the Directors of Nursing Service.

The significant difference in the ranking of Instructors by the Directors of Nursing Programs and Directors of Nursing Service is not too surprising. It only appears logical that the Directors of Nursing Programs would rank the Instructor as having a more important role to play in relation to decisions on clinical experiences than would the Directors of Nursing Service. Both appear to be similar in their variance of rankings and therefore this was unlikely to have contributed to the significant difference observed.

Although the comparison of the rankings of Supervisors by Hospitals resulted in an "H" value of 5.341 which was close to being significant ( $.10 > P > .05$ ), the K-S technique results indicated there was a significant difference in the way Other hospitals and the Directors of Nursing Programs, who are not directly associated with a hospital, ranked the importance of the Supervisor's role in making decisions regarding clinical experience ( $.02 > P > .01$ ). The mean for Other hospitals was 8.00 and the SD was 2.08, while the mean for Directors of Nursing Programs, who are not directly associated with a hospital, was 4.50 and the SD was 0.87. Although there is a difference in the mean rank for the two groups, it should be noted that the sample, Other hospitals, was not homogeneous in its ranking.







Both the K-W and K-S tests did not reveal any significant differences in the thinking by the various Groups or Hospitals regarding the type of planning to best allocate hospital clinical resources (Question XIII, see Appendix, p. 133 ).

It will be recalled that in Chapter I the question, "Are there substantial differences in the supervisors', head nurses', and instructors' educational preparation and therefore, possibly in their perceptions of clinical learning experiences?" was raised and reference was made to a recommended basic requirement of a baccalaureate degree for clinical instructors, head nurses and above.<sup>17</sup> The findings in relation to the question on educational preparation of supervisors, head nurses and instructors are reported in Tables XII and XIII.<sup>18</sup> If the significant differences reported below are indeed due to variations in the mean levels of educational preparation of these three groups, then the recommended minimum level of educational preparation is not being met. The impact of this factor on the utilization of clinical resources remains an unanswered question.

The K-S technique was also utilized to see whether or not there was a significant difference in the highest level of educational preparation between the Head Nurses and Supervisors in Nursing Service and the Instructors in Nursing Education. The K-S test was utilized for two independent samples. A chi square value of 216.95087 ( $P < .001$ ) was obtained which indicates that there is a highly significant difference in the highest level of educational preparation of Instructors as compared to both Supervisors and Head Nurses, since the mean



ranks differed while variances are the same. The mean rank was 3.48 for the Instructors and 1.58 for the Supervisors and Head Nurses. The standard deviation was 0.98 for both groups.

The K-S test results also indicated there was a highly significant difference between Supervisors and Instructors (chi square = 89.0713,  $P < .001$ ), between the Instructors and Head Nurses (chi square = 226.52205,  $P < .001$ ), and between Head Nurses and Supervisors (chi square = 15.92855,  $P < .001$ ). The mean rank was 1.98 for the Supervisors, 1.37 for Head Nurses, and 3.48 for Instructors. The standard deviation was 1.22 for Supervisors, 0.74 for Head Nurses and 0.98 for Instructors. This difference may be due to educational level of these groups since the means are not the same. However, one must keep in mind that these groups differ in their variances as well. Notice that Supervisors have the least homogeneous group while Head Nurses have the most homogeneous group.



## FOOTNOTES -- CHAPTER III

<sup>1</sup>The responses in the questionnaire indicated that these students do not utilize clinical experience for developing psychomotor skills which therefore differs from the other nursing programs in the study.

<sup>2</sup>Documents utilized in an attempt to complete the number of beds and ADPC for Edmonton hospitals include:

Province of Alberta, Department of Health, Hospital Services Section, Annual Report of the Alberta Hospitalization Benefits Plan 1966 (Edmonton, Alberta: Printed by L.S. Wall, Queen's Printer for Alberta, 1967), pp. 41, 42, 45, 159. (Hereinafter referred to as "Annual Report 1966.")

Province of Alberta, Department of Health, Hospital Services Section, Annual Report of the Alberta Hospitalization Benefits Plan 1967 (Edmonton, Alberta: Printed by L.S. Wall, Queen's Printer for Alberta, 1968), pp. 52, 56, 147. (Hereinafter referred to as "Annual Report 1967.")

Province of Alberta, Department of Health, Hospital Services Section, Annual Report of the Alberta Hospitalization Benefits Plan 1968 (Edmonton, Alberta: Printed by L.S. Wall, Queen's Printer for Alberta, 1969), pp. 55, 56, 60, 149. (Hereinafter referred to as "Annual Report 1968.")

As the Annual Report of the Alberta Hospitalization Benefits Plan for 1969 has not been published, the Hospital Services Section, Department of Health, Province of Alberta, provided the investigator with data from Table G-2 General and Federal Hospitals, Distribution of Beds and Patient Days by Type of Unit, 1969. The bed capacity for one Other hospital was obtained through personal communication with the Province of Alberta, Department of Health. The data added by the investigator is hereinafter referred to as "Augmented Data."

<sup>3</sup>For example, "Augmented Data" utilized did not separate the medical and surgical units, which some hospitals had done; therefore, the patient days outlined in the Annual Reports could not be utilized to calculate the ADPC. Another discrepancy observed was that in some instances the number of beds listed by the hospital differed from the numbers in the Annual Reports.

<sup>4</sup>There is some support in the literature for use of size of hospital or number of beds as a criterion for determining availability of clinical experiences. E.g., Abdellah and Levine Better Patient Care Through Nursing Research, p. 543. "Size of hospital continues to be used as an important criterion in selecting clinical resources for the professional student nurse"; and NLN Division of Nursing Education, Guidelines for Assessing the Nursing Education Needs of





a Community, pp. 8-9. "The present use by nursing education programs of existing health agencies, including hospitals, public health agencies, extended care facilities, clinics and related agencies, considering (a) the number and type of hospital beds available for teaching nursing."

<sup>5</sup>The literature appears to support the author in that most criteria for selecting or evaluating clinical experience indicate use of the number of patients rather than number of beds. E.g., Task Force Reports, Vol. 2, p. 288. Recommendation 25 from the Task Force on beds and facilities states "That the Royal College of Physicians and Surgeons be asked to re-examine the existing policy of accrediting residency training programs in certain medical specialties on the basis of beds available and to consider substituting a policy based on the volume and type of in-patients and out-patients handled by each service"; Canadian Nurses Association, Guidelines for the Development of Programs in Universities Leading to a Baccalaureate Degree in Nursing, p. 5, states that ". . . consideration is given to the number and variety of patients in the clinical services, . . ."; Canadian Nurses Association, Guiding Principles for the Development of Programs in Educational Institutions Leading to a Diploma in Nursing, p. 5. "The following are guides for the evaluation of clinical facilities and resources: (a) a number and variety of patients which present nursing problems and which provide purposeful learning experiences in the clinical services, as medicine, surgery, obstetrics, pediatrics, psychiatry; . . ."; and Committee of Nursing Education, Regulations Governing Schools of Nursing in the Province of Alberta, p. 16. "An assessment of the adequacy and suitability of clinical facilities and resources would include consideration of: . . . . The number and variety of patients (children and adults) who present nursing problems and which would provide purposeful learning experiences in the clinical services as medicine, surgery, obstetrics, paediatrics, psychiatry."

<sup>6</sup>M. Cassell, "Order Out of Chaos--A Concerted Effort," Nursing Outlook, 15 (May 1967), 55.

<sup>7</sup>Jean Hayter, "Guidelines for Selecting Learning Experiences," Nursing Outlook, 15 (December 1967), 65.

<sup>8</sup>Helen E. Dorsch, "Afternoon Clinical Experience," Nursing Outlook, 12 (June 1964), 64.

<sup>9</sup>Ibid., pp. 65-66.

<sup>10</sup>Ramey, Meeting Today's Challenges, p. 166.

<sup>11</sup>Lorne E. Hanebuth, "Night Nursing Experience," Nursing Outlook 12 (June 1964), 67.





<sup>12</sup>Report Nursing Education Survey Committee, p. 41. Further support is given by Arthur C. Pattison, "Current Problems in Nursing Education," The American Journal of Surgery, 112 (August 1966), 146. ". . . many nurses, including recent graduates, are inadequately prepared to care for the geriatric patient with a chronic illness. Unfortunately, most of the clinical practice in today's nursing education is centered on the more acutely ill patient."

<sup>13</sup>William S. Peters and George W. Summers, Statistical Analysis for Business Decisions (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1968), p. 290.

<sup>14</sup>Ibid.

<sup>15</sup>Siegel, Nonparametric Statistics for the Behavioral Sciences, p. 135.

<sup>16</sup>Ibid., p. 127.

<sup>17</sup>See page 3 of this thesis.

<sup>18</sup>See page 71 of this thesis.



## CHAPTER IV

### CONCLUSIONS AND RECOMMENDATIONS

#### Conclusions

Simon points out that "descriptive research does not create laws and conclusions that apply beyond the subject matter described. Rather, it provides clues for subsequent research to pin down and generalize."<sup>1</sup> In the present study the conclusions are, in large part, clues for further research. Two related conclusions central to this study are: that admissions to Edmonton nursing programs are being limited because of lack of clinical experiences; and secondly, that there is a seeming incapacity for Acute hospitals to accept more nursing learners. This latter conclusion is demonstrated by the fact that three of the five Acute hospitals in the study indicated they could not accommodate more nursing learners, a finding which is similar to that reported in a study of the Southern New York Region.<sup>2</sup>

The first of the above conclusions is supported through data from three of the nursing programs which indicated that they are limiting the numbers of students admitted because of lack of clinical resources. The section, "Report of Visits to Schools of Nursing," in the "Report of Area Study [on] Clinical Resources and Nursing Education [in] Metropolitan Toronto, New Market and Richmond Hill," also reveals that availability of clinical resources is limiting



admissions to certain nursing programs. As well, the specific areas of shortages of clinical experience outlined are similar to the findings in the present study.<sup>3</sup>

The third major conclusion is that mechanisms for assessing needs and allocating clinical resources are grossly inadequate. Information for planning is far from complete for all Edmonton hospitals and nursing programs which participated in the study, as is evidenced by the incompleteness of: data on projected admission figures, hours of clinical experience required, priorities for providing experiences to various nursing programs, and statistics on hospital facilities. With the projected admissions to nursing programs not definitive, it is impossible at present to determine the amount and kinds of clinical resources that will be required in the future. It is not surprising, therefore, that planning is indicated as a necessity if hospitals are to cope.<sup>4</sup> Planning mechanisms which are broader than the individual hospital or program are needed to facilitate maximum utilization of resources.

### Recommendations

The two central recommendations arising from this study relate to: the establishment of a planning mechanism for the purpose of assessing the needs of the programs for clinical experience(s) and maximizing the utilization of resources; and secondly, areas for further research.



### Establishing A Planning Mechanism

The formation of a voluntary joint committee composed of representatives of all health agencies and all health personnel educational programs, established for the purposes outlined above, is the planning mechanism recommended. This proposed planning mechanism is much broader than that outlined in the Toronto area study, ". . . that when more than one school and/or training centre utilize a clinical resource, those involved meet in order to plan the most effective use of clinical resources."<sup>5</sup> It is the investigator's belief that in order to maximize utilization of clinical resources in all health agencies, all health educational programs must be involved in this planning process.

The voluntary joint committee could provide an important mechanism for communications between the educational programs and health agencies, as well as between members of each of the groups. The questions outlined in Chapter I could serve as a beginning guide for discussions.<sup>6</sup> Such a committee could also determine the needs for further research, some of which are outlined below. The responsibility for accumulating comprehensive and reliable statistics essential for assessing the needs of the programs, and for facilitating maximum use of the available resources, could be assumed by this committee.

The impetus for formation of a planning committee could come from any number of sources, for example, the Council of Metropolitan General Hospitals, Nursing Education Planning Committee of the Alberta





Association of Registered Nurses or a health services education program or programs (e.g., medicine, dentistry, pharmacy, nursing).

The investigator recognizes that the formation of a joint committee on a voluntary basis does present some disadvantages as decisions of such a committee would not be binding on the parties and that factor could limit its total effectiveness. For example, it might become clear that an educational program should relinquish the association(s) it has with one particular institution if clinical experiences more beneficial to the learners were available in another agency. If decisions made by the planning group are not followed either by the individual program or agency involved, then the voluntary committee would not be able to ensure that the best use is made of available resources. All major decisions made within any one institution which affect any other health educational program or agency should be referred to the voluntary joint committee.

There is one area in particular which the writer sees as a function of an official agency rather than that of the voluntary committee and that is the ongoing question of determining manpower needs for graduates from various health educational programs. The government body, along with the appropriate experts (e.g., statisticians, professional organization representatives, economists), could conceivably be able to maintain a more objective perspective than might a voluntary committee whose individual members might be more subjective about decisions that could have a direct and immediate bearing on them. An important question remaining unanswered



by this study is, "To what extent the apparent 'shortages' of clinical facilities would exist if the number and kinds of clinical learners reflected the 'real' health manpower needs?" An official agency would be in the position to take the initiative and insist that all health agencies and educational programs meet, discuss and try to find the best approaches for ensuring that the various health personnel learners receive the necessary clinical experiences to adequately prepare them for their future roles in the health field.

#### Recommendations for Further Research

The primary recommendation for further research is the need for a survey similar in design to the present study, but broader in scope, in that all health personnel educational programs and health agencies should be included. The data provided by such a study could, for example, indicate if health personnel educational programs other than nursing limit students admitted because of lack of clinical experience and indicate to what extent health agencies, especially Acute hospitals, are limited in the amounts and kinds of experience available for these other learning groups.

The questionnaire utilized in the present study would provide a useful basis for such research as is suggested above. Modifications which would seem worth considering include:

- 1) More explicit and extensive definition of terms such as "clinical resources," "plan," and "planning," preferably cited in behavioral terms so that respondents will interpret the questions



in the same manner, thereby permitting greater comparability and reliability of data;

2) More emphasis on definitions of the various positions in order that respondents clearly understand that these definitions apply throughout the questionnaire;

3) "Total number of Instructors" should be more carefully defined, again, in order to improve comparability of data from the different programs;

4) The term "Supervisors" needs to be more explicitly delineated to ensure that all incumbents holding similar positions (but with different titles) will be included;

5) Questions asking for base line information might be reviewed in light of statistics accumulated by the joint planning committee; and

6) In order that comparisons can be made between the way various groups (e.g., Administrators, Director of health personnel educational programs) rank the degree to which the factors influence decisions in allocation of resources, the introduction to Question VIII might be rephrased to the effect, "If you could make decisions on the allocation of clinical resources, what would be the degree of influence of each of the following factors?" Also, the scale utilized for ranking these responses should be refined, with a view to reducing the number of ties.

In addition to the primary research recommendation cited above,



the investigator suggests that the following areas be systematically studied. Firstly, it would seem useful to analyze the bases on which the responses in the present study, such as priorities for providing clinical experiences and the projected admission figures, were derived. The results from such a study could, for example, get at the question, "Do enrollment numbers and priorities validly reflect health manpower needs and priorities?"

Secondly, as the present study focuses on quantitative dimensions of allocating resources, the qualitative aspects remain open for study. There is a need to look, for example, at how factors such as age, experience, and academic preparation of supervisors, head nurses and instructors affect utilization of clinical resources. What may be an even more crucial research question is "To what extent could simulation techniques obviate the current flooding of clinical teaching areas, while at the same time fulfilling the learning objectives?" It is apparent from research areas suggested above that data collected in the present study depict but a small part of the clinical needs and resources question.

Blum states, "We do not have to plan the allocation of resources but if we do not, we have to accept the . . . disorganization of services which results when excessive demands are made on limited resources."<sup>7</sup> In the absence of some type of planning mechanism which could delineate the need for further studies and implement their findings, the value of future research in the area is questioned.





FOOTNOTES -- CHAPTER IV

<sup>1</sup>Julian L. Simon, Basic Research Methods in Social Science (New York: Random House, 1969), p. 53.

<sup>2</sup>Southern New York Study, p. 59.

<sup>3</sup>Report Clinical Resources and Nursing Education, pp. 29, 35, 39, 44.

<sup>4</sup>It will be recalled that one Director of Nursing Service stated that "unless all programmes requiring clinical areas get together and plan uniformly throughout the year, hospitals will not be able to cope" (see pp. 62, 63). On a broader scale (see Tables XXI, XXII. pp. 182, 183), the majority of responses to the question "Type of planning to best allocate hospital clinical resources," indicated that planning which is voluntary and involves all health personnel educational programs would be desirable.

<sup>5</sup>Report Clinical Resources and Nursing Education, p. 14.

<sup>6</sup>See page 3 of this thesis.

<sup>7</sup>Henrick L. Blum, Notes on Comprehensive Health Planning (San Francisco, California: American Public Health Association, Western Regional Office, 1967), p. 1.05.



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## APPENDIX



11842 - 39 Street,  
Edmonton 21, Alberta

3 February, 1970

Dear

As part of my thesis study for the Master's degree in Health Services Administration at the University of Alberta, I am interested in knowing how clinical resources in the hospital are allocated between the various nursing programs. The study will be limited to Edmonton agencies.

The primary purpose for writing to you is to inquire if you and members of the Nursing Departments (as outlined below) would participate in pre-testing the questionnaires to be used in the proposed survey.

The collecting of information required to describe clinical resource allocation would involve:

- 1) A brief institutional questionnaire, which will provide base line information; for example, the number of students from each program that utilizes the hospital clinical facilities.
- 2) A questionnaire to the Hospital Administrator for the purpose of acquiring more specific information regarding the process of allocation of clinical resources.
- 3) A questionnaire to the Director of Nursing and/or the Director of Nursing Service for the purpose of acquiring more specific information as to their roles in the process of allocation of clinical resources.
- 4) A questionnaire to the Director of Nursing Education for the purpose of procuring base line and other pertinent information in regard to clinical resources.

It is my sincere hope that you and members of the Nursing Department will be able to take time from your busy schedules to participate in





pretesting of these data-collecting tools. An abstract of the findings from the study would be provided to your hospital. No details from the pretest would appear in the finished thesis. I would, however, with your permission, wish to acknowledge pretest assistance from the \_\_\_\_\_ Hospital in the thesis, should you agree to participate.

I am enclosing additional copies of this letter in the event that you might wish to forward them to the Nursing Department. If you have any questions regarding the study, please do not hesitate to contact me.

Thank you, in advance, for your consideration.

Sincerely yours,

(Mrs.) Margaret Mrazek

Enclosure



11842 - 39 Street,  
Edmonton 21, Alberta

3 February, 1970

Dear

As part of my thesis study for the Master's degree in Health Services Administration at the University of Alberta, I am interested in knowing how clinical resources in the hospital are allocated between the various types of nursing programs. The primary purpose for writing you at this time is to inquire if you and members of the Nursing Department (as outlined below) would participate in a proposed survey. The name of the hospital and individuals participating will remain anonymous.

The collecting of information required to describe clinical resource allocation would involve:

- 1) A brief institutional questionnaire which will provide base line information; for example, the number of students from each program that utilizes the hospital clinical facilities.
- 2) A questionnaire to the Hospital Administrator for the purpose of acquiring more specific information regarding the process of allocation of clinical resources.
- 3) A questionnaire to the Director of Nursing and/or the Director of Nursing Service\* for the purpose of acquiring more specific information as to their roles in the process of allocation of clinical resources.

At the present time I do not foresee that interviews will be required; however, if this becomes necessary, they will require only a minimum amount of time.

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\*Hospitals with schools of nursing will be sent a questionnaire which is to be filled out by the Director of Nursing Education to procure base line and other pertinent information in regard to clinical resources.



It is my sincere hope that you and members of the Nursing Department will be able to take time from your busy schedules to participate in this study. An abstract of the findings will be provided to all hospitals participating in this study.

I am enclosing additional copies of this letter in the event that you might wish to forward them to the Nursing Department. If you have any questions regarding the study, please do not hesitate to contact me.

Thank you, in advance, for your consideration.

Sincerely yours,

(Mrs.) Margaret Mrazek

Enclosure



11842 - 39 Street,  
Edmonton 21, Alberta

17 February, 1970

Dear

As part of my thesis study for the Master's degree in Health Services Administration at the University of Alberta, I am interested in knowing how clinical resources in hospitals are allocated between the various types of nursing programs. The study will be limited to examining the use of clinical resources in Edmonton hospitals.

The primary purpose for writing to you at this time is to inquire if you would agree to participate in a proposed survey.

A questionnaire would be used to collect base line and other pertinent information in regard to clinical resources; for example, how do you determine if a hospital has adequate clinical experiences for your students? At the present time I do not foresee that an interview will be required; however, if this becomes necessary, it will require only a minimum amount of time.

Your participation in the survey would contribute greatly toward the scope and depth of the study and for this reason would stand to benefit nursing programs in the Edmonton area.

Because this is a study of institutions and programs, the names of specific institutions or persons will not be used in the thesis. As there is only one program of your type in the study, the data from it would necessarily be identifiable in the thesis, but should there be any information you do not wish included in the text of the thesis, I will, of course, comply with your direction along these lines.

It is my sincere hope that you will be able to participate in this study. An abstract of the findings will be provided to each nursing program participating in the study.

If you have any questions regarding the study, please do not hesitate to contact me. Thank you, in advance, for your consideration.

Yours sincerely,

(Mrs.) Margaret Mrazek





11842 - 39 Street,  
Edmonton 21, Alberta

13 May, 1970

Dear Administrator:

I appreciate your willingness to participate in the study on clinical resource allocation in Edmonton hospitals.

The purpose of the study is to describe how hospital clinical resources are presently being allocated between all the nursing programs (see attached definitions). This survey will provide a summary about what is presently being done as well as provide a basis for future allocation of hospital clinical resources.

Although the emphasis in this study is on allocation of hospital clinical resources between the nursing programs, it would seem important that reference be made to other health personnel learners (see attached definitions) since they, too, utilize the hospital for experiences. However, questions concerning these other learners are limited in this survey.

Enclosed is an Administrative Questionnaire and an Institutional Questionnaire. The Administrative Questionnaire is to be completed by yourself; however, the Institutional Questionnaire may be completed by other personnel in the hospital (e.g., Director of Nursing), if you so desire. Please return the questionnaires in the enclosed stamped envelope.

Although I know you have a very busy schedule, I do hope that you will return the completed questionnaires as soon as possible.

Thank you, again, for your assistance.

Yours sincerely,

(Mrs.) Margaret Mrazek

MM\*md

Enclosure



11842 - 39 Street,  
Edmonton 21, Alberta

13 May, 1970

Dear Director of Nursing Service:

As your hospital has already indicated a willingness to participate in a study on clinical resource allocation in Edmonton hospitals, I am forwarding the questionnaire relating to nursing service to you.

The purpose of the study is to describe how hospital clinical resources are presently being allocated between all the nursing programs (see attached definitions). This survey will provide a summary about what is presently being done as well as provide a basis for future allocation of hospital clinical resources.

Although the emphasis in this study is on allocation of hospital clinical resources between the nursing programs, it would seem important that reference be made to other health personnel learners (see attached definitions) since they, too, utilize the hospital for experiences. However, questions concerning these other learners are limited in this survey.

The Nursing Service Questionnaire enclosed is to be completed by the Director of Nursing Service (see attached definitions). Please return the questionnaire in the enclosed stamped envelope.

Although I know that you have a very busy schedule, I do hope that you will return the completed questionnaire as soon as possible.

Thank you, in advance, for your assistance.

Yours sincerely,

(Mrs.) Margaret Mrazek

MM\*md

Enclosure



11842 - 39 Street,  
Edmonton 21, Alberta

13 May, 1970

Dear Director of Nursing:

As your hospital has already indicated a willingness to participate in a study on clinical resource allocation in Edmonton hospitals, I am forwarding the questionnaire relating to nursing service to you.

The purpose of the study is to describe how hospital clinical resources are presently being allocated between all the nursing programs (see attached definitions). This survey will provide a summary about what is presently being done as well as provide a basis for future allocation of hospital clinical resources.

Although the emphasis in this study is on allocation of hospital clinical resources between the nursing programs, it would seem important that reference be made to other health personnel learners (see attached definitions) since they, too, utilize the hospital for experiences. However, questions concerning these other learners are limited in this survey.

The Nursing Service Questionnaire enclosed is to be completed by yourself. Please return the questionnaire in the enclosed stamped envelope.

Although I know that you have a very busy schedule, I do hope that you will return the completed questionnaire as soon as possible.

Thank you, in advance, for your assistance.

Yours sincerely,

(Mrs.) Margaret Mrazek

MM\*md

Enclosure



11842 - 39 Street,  
Edmonton 21, Alberta

13 May, 1970

Dear Director of Nursing Program:

I appreciate your willingness to participate in the study on clinical resource allocation in Edmonton hospitals.

The purpose of the study is to describe how hospital clinical resources are presently being allocated between all the nursing programs (see attached definitions). This survey will provide a summary about what is presently being done as well as provide a basis for future allocation of hospital clinical resources.

Although the emphasis in this study is on allocation of hospital clinical resources between the nursing programs, it would seem important that reference be made to other health personnel learners (see attached definitions) since they, too, utilize the hospital for experiences. However, questions concerning these other learners are limited in this survey.

Enclosed is a Nursing Program Questionnaire which is to be completed by yourself. Please return the Questionnaire in the enclosed stamped envelope.

Although I know that you have a very busy schedule, I do hope that you will return the completed questionnaire as soon as possible.

Thank you, in advance, for your assistance.

Yours sincerely,

(Mrs.) Margaret Mrazek

MM\*md

Enclosure





## DEFINITIONS

In these definitions and throughout the questionnaire, the following terms are used interchangeably:

- students and learners
- hospital clinical experiences and hospital clinical resources
- Director of Nursing Education and Director of Nursing Program

1. Edmonton Nursing Programs - refers to all nursing programs within the geographical boundaries of the city including the Psychiatric Diploma 2- year Program at the Alberta Hospital, Edmonton, unless otherwise specified.
2. Nursing Programs - includes all the following types of nursing education programs: Psychiatric Diploma 2-year, Certified Nursing Orderly, Certified Nursing Aide, Diploma (R.N.) 3-year, Diploma (R.N.) 2-year, Basic Degree 4-year, Post-Basic Degree, and the Master of Health Services Administration, Nursing Service Administration major, unless otherwise specified.
3. Edmonton Hospitals - refers to all hospitals that presently provide clinical experiences to nursing learners (e.g., acute, auxiliary), located within the geographical boundaries of the city including the Alberta Hospital, Edmonton, unless otherwise specified.
4. Clinical Experience - refers to situations in the hospital which provide ". . . students with the opportunity to translate basic theoretical knowledge into the learning of a variety of intellectual and psychomotor skills needed to provide. . . ." quality patient care.<sup>1</sup>
5. Health Personnel Learning Groups - includes learners in any discipline who as part of their preparation receive clinical experience(s) in the hospital, unless otherwise specified.
6. Director of Nursing - refers to a dual position in which the individual has responsibility for a Nursing Education Program as well as the Nursing Service Department of the hospital.
7. Director of Nursing Service - refers to the position where the individual has responsibility solely for the Nursing Service aspect of patient care.
8. Director of Nursing Program - refers to the position where responsibilities are centered solely on directing an Educational Program in Nursing.

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<sup>1</sup>Schweer, Jean E., Creative Teaching in Clinical Nursing, The C.V. Mosby Company, 1968, p. 41.



INSTRUCTIONS FOR COMPLETING  
INSTITUTIONAL QUESTIONNAIRE

1. To be completed by the Administrator or other personnel he so desires.
2. Please use a check ✓ for response whenever ( ) is used.
3. Please complete the question or fill-in the information whenever \_\_\_\_\_ is used.
4. When you choose the response "other," please specify.
5. If information is not readily accessible, write "N.R.A."
6. If the space provided to answer a question is not adequate please use the page opposite the question to complete your answer.

\* \* \* \* \*



INSTITUTIONAL QUESTIONNAIRE

I. Type of Hospital:

Total Number of Beds  
Including Bassinets

( ) Acute

( ) Other (specify) \_\_\_\_\_

II. A. Indicate the number of beds and the average daily patient census (A.D.P.C.):

1966    1967    1968    1969

a) Medicine:

1) No. of Beds

2) A.D.P.C.

b) Surgery:

1) No. of Beds

2) A.D.P.C.

c) Pediatrics:

1) No. of Beds

2) A.D.P.C.

d) Obstetrics:

1) No. of Beds

2) A.D.P.C.

e) Bassinets:

1) No. of Beds

2) A.D.P.C.

f) Psychiatry:

1) No. of Beds

2) A.D.P.C.

g) Intensive Care:

1) No. of Beds

2) A.D.P.C.

h) Isolation:

1) No. of Beds

2) A.D.P.C.

i) Other (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



(Question II, continued)

B. Indicate below if your hospital has the following facilities. If "yes," also include the average number of patients daily.

	<u>Yes</u>	<u>Average No. of Patients Daily in 1969</u>
a) Emergency	( )	_____
b) Out-patient Department	( )	_____
c) Family Clinic	( )	_____
d) Day Care Patient Treatment Program(s) (specify type(s) )		
_____	( )	_____
_____	( )	_____
_____	( )	_____
_____	( )	_____

C. Indicate below the nature and approximate date(s) of any proposed major change(s) in A and B above, e.g., additional beds, programs, services.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. A. In your opinion, could your hospital accommodate more nursing learners than at present for clinical experiences?

( ) a) Yes                      ( ) b) Unsure                      ( ) c) No

B. If "yes,":

a) Indicate the area(s):

- ( ) 1) Medicine
- ( ) 2) Surgery
- ( ) 3) Obstetrics
- ( ) 4) Pediatrics
- ( ) 5) Psychiatry
- ( ) 6) Intensive Care
- ( ) 7) Emergency
- ( ) 8) Out-patient Department
- ( ) 9) Family Clinic
- ( ) 10) Day Care Patient Treatment Programs (specify)

( ) 11) Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





(Question III, B. continued)

- b) Indicate the type, timing and approximate number of additional nursing learners that can be accommodated.

	TYPE	TIMING		APPROX. NO. OF ADDITIONAL NURSING LEARNERS	
		Could Accept more now	Could Accept more in future (Approx. date)	Now	Future
Psychiatric Nursing Diploma 2-year	( )	( )	( ) _____	_____	_____
Certified Nursing Orderly	( )	( )	( ) _____	_____	_____
Certified Nursing Aide	( )	( )	( ) _____	_____	_____
Diploma Nursing 3-year RN: Own Hospital Program	( )	( )	( ) _____	_____	_____
Other Programs	( )	( )	( ) _____	_____	_____
Diploma Nursing 2-year RN: Own Program	( )	( )	( ) _____	_____	_____
Other Programs	( )	( )	( ) _____	_____	_____
Basic Degree 4-year	( )	( )	( ) _____	_____	_____
Post Basic Degree	( )	( )	( ) _____	_____	_____
Master, Health Services Adm., Nursing Service Adm. major (field students)	( )	( )	( ) _____	_____	_____

IV. A. Is there one person in your hospital whose responsibility it is to coordinate the utilization of clinical experiences for all nursing programs (your own as well as outside nursing programs)?

( ) Yes ( ) No

B. If "yes," state the title of the person in this position.

---



V. A. Indicate the other type(s) and approximate number of learners that presently obtain clinical experiences in your hospital:

	Type	Total No. of Learners in 1969
a) Medical:		
1) First year med. students	( )	_____
2) Second year med. students	( )	_____
3) Third year med. students	( )	_____
4) Fourth year med. students	( )	_____
5) Interns	( )	_____
6) Residents	( )	_____
b) Radiological	( )	_____
c) Laboratory	( )	_____
d) Medical Record Librarians	( )	_____
e) Inhalation Therapy	( )	_____
f) Occupational Therapy	( )	_____
g) Physiotherapy	( )	_____
h) Clinical Psychology	( )	_____
i) 1) Social Worker	( )	_____
2) Social Worker Case Aide	( )	_____
j) Pharmacy	( )	_____
k) Dietary:		
1) Intern-Dietitians	( )	_____
2) Dietary Technicians	( )	_____
l) Post Graduate Nursing Programs:		
1) Operating Room Technique	( )	_____
2) Advanced Practical Obstetrics	( )	_____
m) Other (specify): _____	( )	_____
_____	( )	_____
_____	( )	_____
_____	( )	_____
_____	( )	_____
_____	( )	_____
_____	( )	_____
_____	( )	_____

B. Is there any central planning committee in your hospital whose function it is to coordinate the utilization of clinical experiences for all health personnel learning groups?

( ) Yes ( ) No



VI. A. Do you have written contracts with "outside" nursing programs utilizing clinical experiences in your hospital?

- ( ) a) With all of them.
- ( ) b) With some of them.
- ( ) c) With none of them.

B. If "some" or "all," indicate how often contracts are renewed.

- ( ) a) Yearly
- ( ) b) Every 2 years
- ( ) c) Other \_\_\_\_\_

a) And, prior to renewal of contracts, is a meeting held:

- ( ) 1) With each nursing program separately.
- ( ) 2) With all nursing programs at the same time.
- ( ) 3) Other \_\_\_\_\_

C. If "some" indicate which type(s) of nursing program(s) do not have contracts.

a) Why? \_\_\_\_\_

D. If "none" why? \_\_\_\_\_

VII. Indicate the personnel involved in responding to this questionnaire.

- ( ) Administrator
- ( ) Director of Nursing
- ( ) Director of Nursing Service
- ( ) Director of Nursing Education
- ( ) Other(s) \_\_\_\_\_



INSTRUCTIONS FOR COMPLETING  
ADMINISTRATIVE QUESTIONNAIRE

1. To be completed by the Administrator.
2. Please use a check ☒ for response whenever ( ) is used.
3. Please complete the question or fill-in the information whenever \_\_\_\_\_ is used.
4. When you choose the response "other," please specify.
5. If information is not readily accessible, write "N.R.A."
6. If the space provided to answer a question is not adequate please use the page opposite the question to complete your answer.

\* \* \* \* \*





# ADMINISTRATIVE QUESTIONNAIRE

I. Type of Hospital	Total Number of Beds Including Bassinets
(    ) Acute	
(    ) Other (specify) _____	_____
_____	_____

We recognize that the following question is lengthy and time consuming; however, as it provides essential data for the study, your answers to all parts of the question would be appreciated.

## VIII. IN YOUR OPINION, WHAT IS THE DEGREE TO WHICH THE FOLLOWING FACTORS INFLUENCE DECISIONS IN THE ALLOCATION OF CLINICAL NURSING EXPERIENCE?

<u>FACTOR</u>	<u>MOST IMPORTANT</u>	<u>MODERATELY IMPORTANT</u>	<u>LEAST IMPORTANT</u>
A. Degree to which <u>Physical Facilities</u> influence decisions in the allocation of clinical nursing experience:			
a) No. of beds in the hospital	(    )	(    )	(    )
b) Classroom space	(    )	(    )	(    )
c) Residence size	(    )	(    )	(    )
d) Cafeteria facilities	(    )	(    )	(    )
e) Locker space	(    )	(    )	(    )
B. Degree to which <u>Patient Care</u> influences decisions in the allocation of clinical nursing experience:			
a) Maintenance of a desired standard of patient care	(    )	(    )	(    )
b) Motivation of the hospital nursing staff due to the association with nursing learners	(    )	(    )	(    )
c) Patient receptivity of students	(    )	(    )	(    )
d) Student-Staff ratio	(    )	(    )	(    )

. . . continued



(Question VIII continued)

<u>FACTOR</u>	<u>MOST IMPORTANT</u>	<u>MODERATELY IMPORTANT</u>	<u>LEAST IMPORTANT</u>
C. Degree to which <u>Nursing Program(s)</u> influence decisions in the allocation of clinical nursing experience:			
a) Type of nursing program	( )	( )	( )
b) No. of students admitted per class in each nursing program	( )	( )	( )
c) The ratio of prepared faculty to nursing learners	( )	( )	( )
d) The maximum <u>no. of learners</u> assigned to any one ward	( )	( )	( )
e) The <u>types of programs</u> assigned to any one ward	( )	( )	( )
f) The no. and variety of nursing learners already utilizing the hospital clinical resources	( )	( )	( )
g) Enrolment nos. in hospital's own nursing program	( )	( )	( )
h) The length of association the nursing program in question has had with the hospital	( )	( )	( )
i) The level of the student e.g., junior, intermediate, senior	( )	( )	( )
j) Recruitment e.g., future needs of the hospital for graduates from the various types of nursing programs	( )	( )	( )
k) Service contributions made to patient care by the nursing students	( )	( )	( )
l) Availability of similar experiences in other community health agencies	( )	( )	( )

. . . continued



(Question VIII continued)

FACTOR	MOST IMPORTANT	MODERATELY IMPORTANT	LEAST IMPORTANT
D. Degree to which <u>Availability of Hospital Clinical Experience</u> influences decisions in the allocation of clinical nursing experience:			
a) Bed occupancy rate	( )	( )	( )
b) The types of diseases or symptoms presented by the patients in the hospital	( )	( )	( )
c) Kinds of procedures available to nursing learners and the frequency with which they are performed	( )	( )	( )
d) The <u>kind(s)</u> of hospital clinical experiences needed by the nursing program(s)	( )	( )	( )
e) The need for hospital clinical experience by learners from programs other than the nursing programs included in the present survey (see definitions)	( )	( )	( )
f) The <u>total no. of hours</u> which the nursing program requests for clinical experience(s)	( )	( )	( )
g) The <u>time of day</u> the nursing program requests for clinical experience(s)	( )	( )	( )
h) The <u>day(s)</u> of the week which the nursing program requests to utilize the hospital clinical experience(s)	( )	( )	( )
E. Degree to which <u>Attitudes</u> influence decisions in the allocation of clinical nursing experience:			
a) The attitudes regarding the hospital's responsibility to the community for providing clinical experiences held by:			
1) The board	( )	( )	( )
2) The administrator	( )	( )	( )
3) The medical director	( )	( )	( )
4) The medical staff	( )	( )	( )
5) The director of nursing	( )	( )	( )
6) The director of nursing service	( )	( )	( )
7) The director of nursing education (hospital's own program)	( )	( )	( )
8) The supervisors	( )	( )	( )
9) The head nurse	( )	( )	( )
10) Instructors (hospital's own program)	( )	( )	( )



(Question VIII continued)

FACTOR	MOST IMPORTANT	MODERATELY IMPORTANT	LEAST IMPORTANT
F. Degree to which <u>Cost</u> influences decisions in the allocation of clinical nursing experience:			
a) Additional costs (direct or indirect) incurred by the hospital because of the presence of nursing learners (e.g., provision for supervision of learners)	( )	( )	( )
b) Operating budget	( )	( )	( )
G. Degree to which <u>Meetings and Studies</u> influence decisions in the allocation of clinical nursing experience:			
a) Recommendations contained in studies and/or reports (e.g., Task Force on the Cost of Health Services in Canada, or Royal Commission on Health Services)	( )	( )	( )
b) Knowledge gained from "outside" meetings (e.g., Hospital Association, Director of Nursing Education)	( )	( )	( )
H. Degree to which the following <u>Miscellaneous</u> factors influence decisions in the allocation of clinical nursing experience:			
a) Sequence in which requests are submitted for clinical experience in the hospital	( )	( )	( )
b) The presence of an overall plan for utilization of clinical resources by the nursing learners	( )	( )	( )
c) Clarity with which the director of nursing program(s) expresses the need for clinical experience	( )	( )	( )
d) Acquaintance with the director of nursing program requesting clinical experience	( )	( )	( )
e) Legal responsibility for nursing learners	( )	( )	( )
f) Travelling time for the student to and from the hospital	( )	( )	( )
I. Degree to which <u>Other Factors</u> influence decisions in the allocation of clinical nursing experience (specify):			
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )





IX. Indicate with a check the type(s) of program(s) presently utilizing the hospital clinical experiences. Then, rank all the programs listed in the order of priority (1 = highest priority, 10 = lowest priority) that clinical resources would be provided in your hospital.

<u>PROGRAMS</u>	<u>CHECK</u>	<u>RANK</u>
A. Psychiatric Diploma 2-year	( )	_____
B. Certified Nursing Orderly	( )	_____
C. Certified Nursing Aide	( )	_____
D. Diploma (RN) 3-year, "own program"	( )	_____
E. Diploma (RN) 3-year, "outside program"	( )	_____
F. Diploma (RN) 2-year, "own program"	( )	_____
G. Diploma (RN) 2-year, "outside program"	( )	_____
H. Basic Degree 4-year	( )	_____
I. Post-Basic Degree	( )	_____
J. Master of Health Services Administration, Nursing Service Administration major	( )	_____

X. In one sense, because all of the people listed below are important, it is artificial to argue that one person's role is "more important" than another. We would, however, ask that you set aside this point for the present and indicate by ranking (1 = most important, 11 = least important) the importance of the role played by each person or group in making decisions regarding both the kind(s) of clinical experience and the number(s) of nursing learners accepted into the hospital. Rank each person or group even if they do not exist in the institution.

- \_\_\_\_\_ A) Medical Advisory Committee
- \_\_\_\_\_ B) Head Nurses
- \_\_\_\_\_ C) Administrator
- \_\_\_\_\_ D) Director of Nursing Education
- \_\_\_\_\_ E) Medical Director
- \_\_\_\_\_ F) Director of Nursing
- \_\_\_\_\_ G) The Board
- \_\_\_\_\_ H) Instructors
- \_\_\_\_\_ I) Director of Nursing Service
- \_\_\_\_\_ J) Supervisors
- \_\_\_\_\_ K) Nursing Advisory Committee

XI. A. Do you have an overall plan in your hospital for utilization of clinical experience by nursing programs?

( ) Yes ( ) No

. . . continued



(Question XI, continued)

B. If "yes,"

(a) indicate the participants who were involved in the formulation of the plan:

- |   |   |
|---|---|
| <input type="checkbox"/> 1) Board Members                 | <input type="checkbox"/> 10) Supervisors                              |
| <input type="checkbox"/> 2) Administrator                 | <input type="checkbox"/> 11) Head Nurses                              |
| <input type="checkbox"/> 3) Medical Director              | <input type="checkbox"/> 12) Representatives from all "outside"       |
| <input type="checkbox"/> 4) Medical Advisory Committee    | nursing programs presently utilizing the hospital clinical resources. |
| <input type="checkbox"/> 5) Nursing Advisory Committee    | <input type="checkbox"/> 13) Other _____                              |
| <input type="checkbox"/> 6) Director of Nursing           | _____   |
| <input type="checkbox"/> 7) Director of Nursing Service   | _____   |
| <input type="checkbox"/> 8) Director of Nursing Education | _____   |
| <input type="checkbox"/> 9) Instructors                   | _____   |

(b) Is the plan reviewed and revised?

☐ Yes ☐ No

(bb) If "yes," how often?

- ☐ 1) Every 6 months  
☐ 2) Every year  
☐ 3) Every 2 years  
☐ 4) Other \_\_\_\_\_

XII. A. Do you have an overall plan in your hospital for utilization of clinical experiences by all health personnel learning groups?

☐ Yes ☐ No

B. If "yes":

(a) Indicate the participants who were involved in the formulation of the plan:

- ☐ 1) Board Members  
☐ 2) Administrator  
☐ 3) Medical Director  
☐ 4) Medical Advisory Committee  
☐ 5) Nursing Advisory Committee  
☐ 6) Director of Nursing  
☐ 7) Director of Nursing Service  
☐ 8) Department Heads whose area will be utilized for clinical experience  
☐ 9) Representatives from all health personnel learning groups (including the hospital's own program(s)) that presently utilize the hospital clinical resources  
☐ 10) Other \_\_\_\_\_



(Question XII, E. continued)

(b) Is the plan reviewed and revised?

( ) Yes ( ) No

(bb) If "yes," how often?

- 1) ( ) Every 6 months
- 2) ( ) Every year
- 3) ( ) Every 2 years
- 4) ( ) Other \_\_\_\_\_

XIII. Indicate the type of planning which most closely approximates your thinking regarding the best way to allocate hospital clinical resources by checking the type of control, the level of hospital planning, and the type of learning group(s) represented in the planning.

A. Type of Control

B. Level of Hospital Planning

C. Type of Learning Group(s)

- |                   |   |  |
|-------------------|---|--|
| ( ) 1) Voluntary  | ( ) 1) Individual hospital              | ( ) 1) Individual nursing program              |
| ( ) 2) Compulsory | ( ) 2) All hospitals in<br>Edmonton     | ( ) 2) All nursing programs                    |
|                   | ( ) 3) All hospitals in a<br>region     | ( ) 3) All health personnel<br>learning groups |
|                   | ( ) 4) All hospitals in the<br>Province |  |

XIV. Additional Comments.

Comments would be appreciated on:

- (a) Any problems you have or foresee in relation to allocation of clinical resources.



(Question XIV continued)

Comments would be appreciated on:

- (b) Any other remarks relating to issues in the questionnaire which you consider significant.





INSTRUCTIONS FOR COMPLETING  
NURSING SERVICE QUESTIONNAIRE

1. To be completed by the Director of Nursing Service (see definitions).
2. Please use a check ☒ for response whenever (    ) is used.
3. Please complete the question or fill-in the information whenever \_\_\_\_\_ is used.
4. When you choose the response "other," please specify.
5. If information is not readily available, write "N.R.A."
6. If the space provided to answer a question is not adequate, please use the page opposite the question to complete your answer.

\* \* \* \* \*



NURSING SERVICE QUESTIONNAIRE

I. Type of Hospital:

Total Number of Beds  
Including Bassinets

( ) Acute

( ) Other (specify) \_\_\_\_\_

XV. As part of your responsibilities as Director of Nursing Service (see definitions), do you participate in allocating clinical experiences within the hospital for:

YES

A. Your own nursing program ( )

B. Outside nursing program(s) ( )

C. All health personnel  
learning groups ( )

XVI. A. (a) What is the total number of Supervisors employed in your hospital?

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

(b) Indicate the number of Supervisors employed on your staff who have as their highest level of educational preparation:

- 1) One year University Diploma \_\_\_\_\_
- 2) Bachelor's Degree \_\_\_\_\_
- 3) Master's Degree \_\_\_\_\_
- 4) Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. (a) What is the total number of Head Nurses employed in your hospital?

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

(b) Indicate the number of Head Nurses employed on your staff who have as their highest level of educational preparation:

- 1) One year University Diploma \_\_\_\_\_
- 2) Bachelor's Degree \_\_\_\_\_
- 3) Master's Degree \_\_\_\_\_
- 4) Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



We recognize that the following question is lengthy and time consuming; however, as it provides essential data for the study, your answers to all parts of the question would be appreciated.

VIII. IN YOUR OPINION, WHAT IS THE DEGREE TO WHICH THE FOLLOWING FACTORS INFLUENCE DECISIONS IN THE ALLOCATION OF CLINICAL NURSING EXPERIENCE?

FACTOR	<u>MOST</u> <u>IMPORTANT</u>	<u>MODERATELY</u> <u>IMPORTANT</u>	<u>LEAST</u> <u>IMPORTANT</u>
A. Degree to which <u>Physical Facilities</u> influence decisions in the allocation of clinical nursing experience:			
a) No. of beds in the hospital	( )	( )	( )
b) Classroom space	( )	( )	( )
c) Residence size	( )	( )	( )
d) Cafeteria facilities	( )	( )	( )
e) Locker space	( )	( )	( )
B. Degree to which <u>Patient Care in-</u> fluences decisions in the allocation of clinical nursing experience:			
a) Maintenance of a desired standard of patient care	( )	( )	( )
b) Motivation of the hospital nursing staff due to the association with nursing learners	( )	( )	( )
c) Patient receptivity of students	( )	( )	( )
d) Student-Staff ratio	( )	( )	( )
C. Degree to which <u>Nursing Program(s)</u> influence decisions in the allocation of clinical nursing experience:			
a) Type of nursing program	( )	( )	( )
b) No. of students admitted per class in each nursing program	( )	( )	( )
c) The ratio of prepared faculty to nursing learners	( )	( )	( )
d) The maximum <u>no. of learners</u> assigned to any one ward	( )	( )	( )
e) The <u>types of programs</u> assigned to any one ward	( )	( )	( )
f) The no. and variety of nursing learners already utilizing the hospital clinical resources	( )	( )	( )
g) Enrolment nos. in hospital's own nursing program	( )	( )	( )
h) The length of association the nursing program in question has had with the hospital	( )	( )	( )
i) The level of the student, e.g., junior, intermediate, senior	( )	( )	( )
j) Recruitment e.g., future needs of the hospital for graduates from the various types of nursing programs	( )	( )	( )
k) Service contributions made to patient care by the nursing students	( )	( )	( )
l) Availability of similar experiences in other community health agencies	( )	( )	( )



(Question VIII continued)

FACTOR	<u>MOST</u> <u>IMPORTANT</u>	<u>MODERATELY</u> <u>IMPORTANT</u>	<u>LEAST</u> <u>IMPORTANT</u>
D. Degree to which <u>Availability of Hospital Clinical Experience</u> influences decisions in the allocation of clinical nursing experience:			
a) Bed occupancy rate	( )	( )	( )
b) The types of diseases or symptoms presented by the patients in the hospital	( )	( )	( )
c) Kinds of procedures available to nursing learners and the frequency with which they are performed	( )	( )	( )
d) The <u>kind(s)</u> of hospital clinical experiences needed by the nursing program(s)	( )	( )	( )
e) The need for hospital clinical experience by learners from programs other than the nursing programs included in the present survey (see definitions)	( )	( )	( )
f) The total <u>no. of hours</u> which the nursing program requests for clinical experience(s)	( )	( )	( )
g) The <u>time of day</u> the nursing program requests for clinical experience(s)	( )	( )	( )
h) The <u>day(s)</u> of the week which the nursing program requests to utilize the hospital clinical experience(s)	( )	( )	( )
E. Degree to which <u>Attitudes</u> influence decisions in the allocation of clinical nursing experience:			
a) The attitudes regarding the hospital's responsibility to the community for providing clinical experiences held by:			
1) The board	( )	( )	( )
2) The administrator	( )	( )	( )
3) The medical director	( )	( )	( )
4) The medical staff	( )	( )	( )
5) The director of nursing	( )	( )	( )
6) The director of nursing service	( )	( )	( )
7) The director of nursing education (hospital's own program)	( )	( )	( )
8) The supervisors	( )	( )	( )
9) The head nurse	( )	( )	( )
10) Instructors (hospital's own program)	( )	( )	( )





(Question VIII continued)

FACTOR	MOST IMPORTANT	MODERATELY IMPORTANT	LEAST IMPORTANT
F. Degree to which <u>Cost</u> influences decisions in the allocation of clinical nursing experience:			
a) Additional costs (direct or indirect) incurred by the hospital because of the presence of nursing learners (e.g., provision for supervision of learners)	( )	( )	( )
b) Operating budget	( )	( )	( )
G. Degree to which <u>Meetings and Studies</u> influence decisions in the allocation of clinical nursing experience:			
a) Recommendations contained in studies and/or reports (e.g., Task Force on the Cost of Health Services in Canada, or Royal Commission on Health Services)	( )	( )	( )
b) Knowledge gained from "outside" meetings (e.g., Hospital Association, Director of Nursing Education)	( )	( )	( )
H. Degree to which the following <u>Miscellaneous</u> factors influence decisions in the allocation of clinical nursing experience:			
a) Sequence in which requests are submitted for clinical experience in the hospital	( )	( )	( )
b) The presence of an overall plan for utilization of clinical resources by the nursing learners	( )	( )	( )
c) Clarity with which the director of nursing program(s) expresses the need for clinical experience	( )	( )	( )
d) Acquaintance with the director of nursing program requesting clinical experience	( )	( )	( )
e) Legal responsibility for nursing learners	( )	( )	( )
f) Travelling time for the student to and from the hospital	( )	( )	( )
I. Degree to which <u>Other Factors</u> influence decisions in the allocation of clinical nursing experience (specify):			
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )



X. In one sense, because all of the people listed below are important, it is artificial to argue that one person's role is "more important" than another. We would, however, ask that you set aside this point for the present and indicate by ranking (1 = most important, 11 = least important) the importance of the role played by each person or group in making decisions regarding both the kind(s) of clinical experience and the number(s) of nursing learners accepted into the hospital. Rank each person or group even if they do not exist in the institution.

- ☐ A) Medical Advisory Committee
- ☐ B) Head Nurses
- ☐ C) Administrator
- ☐ D) Director of Nursing Education
- ☐ E) Medical Director
- ☐ F) Director of Nursing
- ☐ G) The Board
- ☐ H) Instructors
- ☐ I) Director of Nursing Service
- ☐ J) Supervisors
- ☐ K) Nursing Advisory Committee

XIII. Indicate the type of planning which most closely approximates your thinking regarding the best way to allocate hospital clinical resources by checking the type of control, the level of hospital planning, and the type of learning group(s) represented in the planning.

- | A. <u>Type of Control</u> | E. <u>Level of Hospital Planning</u> | C. <u>Type of Learning Group(s)</u>        |
|---------------------------|--------------------------------------|--|
| ( )1) Voluntary           | ( )1) Individual hospital            | ( )1) Individual nursing program           |
| ( )2) Compulsory          | ( )2) All hospitals in Edmonton      | ( )2) All nursing programs                 |
|                           | ( )3) All hospitals in a region      | ( )3) All health personnel learning groups |
|                           | ( )4) All hospitals in the Province  |  |

. . . continued



XIV. Additional Comments.

Comments would be appreciated on:

(a) Any problems you have or foresee in relation to allocation of clinical resources.

(b) Any other remarks relating to issues in the questionnaire which you consider significant.



INSTRUCTIONS FOR COMPLETING  
NURSING SERVICE QUESTIONNAIRE

1. To be completed by the Director of Nursing (see definitions).
2. Please use a check ✓ for response whenever ( ) is used.
3. Please complete the question or fill-in the information whenever \_\_\_\_\_ is used.
4. When you choose the response "other," please specify.
5. If information is not readily available, write "N.R.A."
6. If the space provided to answer a question is not adequate, please use the page opposite the question to complete your answer.

\* \* \* \* \*





NURSING SERVICE QUESTIONNAIRE

I. Type of Hospital:

( ) Acute

( ) Other (specify) \_\_\_\_\_

Total Number of Beds  
Including Bassinets \_\_\_\_\_

XVII. As part of your responsibilities as Director of Nursing (see definitions), do you participate in allocating clinical experiences within the hospital for:

YES

A. Your own nursing program ( )

B. Outside nursing program(s) ( )

C. All health personnel  
learning groups ( )

We recognize that the following question is lengthy and time consuming; however, as it provides essential data for the study, your answers to all parts of the question would be appreciated.

VIII. IN YOUR OPINION, WHAT IS THE DEGREE TO WHICH THE FOLLOWING FACTORS INFLUENCE DECISIONS IN THE ALLOCATION OF CLINICAL NURSING EXPERIENCE?

<u>FACTOR</u>	<u>MOST IMPORTANT</u>	<u>MODERATELY IMPORTANT</u>	<u>LEAST IMPORTANT</u>
A. Degree to which <u>Physical Facilities</u> influence decisions in the allocation of clinical nursing experience:			
a) No. of beds in the hospital	( )	( )	( )
b) Classroom space	( )	( )	( )
c) Residence size	( )	( )	( )
d) Cafeteria facilities	( )	( )	( )
e) Locker space	( )	( )	( )
B. Degree to which <u>Patient Care</u> influences decisions in the allocation of clinical nursing experience:			
a) Maintenance of a desired standard of patient care	( )	( )	( )
b) Motivation of the hospital nursing staff due to the association with nursing learners	( )	( )	( )
c) Patient receptivity of students	( )	( )	( )
d) Student-Staff ratio	( )	( )	( )

. . . continued



(Question VIII continued)

<u>FACTOR</u>	<u>MOST IMPORTANT</u>	<u>MODERATELY IMPORTANT</u>	<u>LEAST IMPORTANT</u>
C. Degree to which <u>Nursing Program(s)</u> influence decisions in the allocation of clinical nursing experience:			
a) Type of nursing program	( )	( )	( )
b) No. of students admitted per class in each nursing program	( )	( )	( )
c) The ratio of prepared faculty to nursing learners	( )	( )	( )
d) The maximum no. of learners assigned to any one ward	( )	( )	( )
e) The <u>types of programs</u> assigned to any one ward	( )	( )	( )
f) The no. and variety of nursing learners already utilizing the hospital clinical resources	( )	( )	( )
g) Enrolment nos. in hospital's own nursing program	( )	( )	( )
h) The length of association the nursing program in question has had with the hospital	( )	( )	( )
i) The level of the student e.g., junior, intermediate, senior	( )	( )	( )
j) Recruitment e.g., future needs of the hospital for graduates from the various types of nursing programs	( )	( )	( )
k) Service contributions made to patient care by the nursing students	( )	( )	( )
l) Availability of similar experiences in other community health agencies	( )	( )	( )

. . . continued



(Question VIII continued)

<u>FACTOR</u>	<u>MOST IMPORTANT</u>	<u>MODERATELY IMPORTANT</u>	<u>LEAST IMPORTANT</u>
D. Degree to which <u>Availability of Hospital Clinical Experience</u> influences decisions in the allocation of clinical nursing experience:			
a) Bed occupancy rate	( )	( )	( )
b) The types of diseases or symptoms presented by the patients in the hospital	( )	( )	( )
c) Kinds of procedures available to nursing learners and the frequency with which they are performed	( )	( )	( )
d) The <u>kind(s)</u> of hospital clinical experiences needed by the nursing program(s)	( )	( )	( )
e) The need for hospital clinical experience by learners from programs other than the nursing programs included in the present survey (see definitions)	( )	( )	( )
f) The total <u>no. of hours</u> which the nursing program requests for clinical experience(s)	( )	( )	( )
g) The <u>time of day</u> the nursing program requests for clinical experience(s)	( )	( )	( )
h) The <u>day(s)</u> of the week which the nursing program requests to utilize the hospital clinical experience(s)	( )	( )	( )
E. Degree to which <u>Attitudes</u> influence decisions in the allocation of clinical nursing experience:			
a) The attitudes regarding the hospital's responsibility to the community for providing clinical experiences held by:			
1) The board	( )	( )	( )
2) The administrator	( )	( )	( )
3) The medical director	( )	( )	( )
4) The medical staff	( )	( )	( )
5) The director of nursing	( )	( )	( )
6) The director of nursing service	( )	( )	( )
7) The director of nursing education (hospital's own program)	( )	( )	( )
8) The supervisors	( )	( )	( )
9) The head nurse	( )	( )	( )
10) Instructors (hospital's own program)	( )	( )	( )



(Question VIII continued)

FACTOR	MOST IMPORTANT	MODERATELY IMPORTANT	LEAST IMPORTANT
F. Degree to which <u>Cost</u> influences decisions in the allocation of clinical nursing experience:			
a) Additional costs (direct or indirect) incurred by the hospital because of the presence of nursing learners (e.g., provision for supervision of learners)	( )	( )	( )
b) Operating budget	( )	( )	( )
G. Degree to which <u>Meetings and Studies</u> influence decisions in the allocation of clinical nursing experience:			
a) Recommendations contained in studies and/or reports (e.g., Task Force on the Cost of Health Services in Canada, or Royal Commission on Health Services)	( )	( )	( )
b) Knowledge gained from "outside" meetings (e.g., Hospital Association, Director of Nursing Education)	( )	( )	( )
H. Degree to which the following <u>Miscellaneous</u> factors influence decisions in the allocation of clinical nursing experience:			
a) Sequence in which requests are submitted for clinical experience in the hospital	( )	( )	( )
b) The presence of an overall plan for utilization of clinical resources by the nursing learners	( )	( )	( )
c) Clarity with which the director of nursing program(s) expresses the need for clinical experience	( )	( )	( )
d) Acquaintance with the director of nursing program requesting clinical experience	( )	( )	( )
e) Legal responsibility for nursing learners	( )	( )	( )
f) Travelling time for the student to and from the hospital	( )	( )	( )
I. Degree to which <u>Other Factors</u> influence decisions in the allocation of clinical nursing experience (specify):			
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )







- X. In one sense, because all of the people listed below are important, it is artificial to argue that one person's role is "more important" than another. We would, however, ask that you set aside this point for the present and indicate by ranking (1 = most important, 11 = least important) the importance of the role played by each person or group in making decisions regarding both the kind(s) of clinical experience and the number(s) of nursing learners accepted into the hospital. Rank each person or group even if they do not exist in the institution.

- ☐ A) Medical Advisory Committee
- ☐ B) Head Nurses
- ☐ C) Administrator
- ☐ D) Director of Nursing Education
- ☐ E) Medical Director
- ☐ F) Director of Nursing
- ☐ G) The Board
- ☐ H) Instructors
- ☐ I) Director of Nursing Service
- ☐ J) Supervisors
- ☐ K) Nursing Advisory Committee

- XIII. Indicate the type of planning which most closely approximates your thinking regarding the best way to allocate hospital clinical resources by checking the type of control, the level of hospital planning, and the type of learning group(s) represented in the planning.

- | A. <u>Type of Control</u> | B. <u>Level of Hospital Planning</u>    | C. <u>Type of Learning Group(s)</u>            |
|---------------------------|---|--|
| ( ) 1) Voluntary          | ( ) 1) Individual hospital              | ( ) 1) Individual nursing program              |
| ( ) 2) Compulsory         | ( ) 2) All hospitals in<br>Edmonton     | ( ) 2) All nursing programs                    |
|                           | ( ) 3) All hospitals in a<br>region     | ( ) 3) All health personnel<br>learning groups |
|                           | ( ) 4) All hospitals in the<br>Province |  |

. . . continued



XIV. Additional Comments.

Comments would be appreciated on:

(a) Any problems you have or foresee in relation to allocation of clinical resources.

(b) Any other remarks relating to issues in the questionnaire which you consider significant.



INSTRUCTIONS FOR COMPLETING  
NURSING PROGRAM QUESTIONNAIRE

1. To be completed by Director of Nursing Program (see definitions).
2. Please use a check ✓ for response whenever ( ) is used.
3. Please complete the question or fill-in the information whenever \_\_\_\_\_ is used.
4. When you choose the response "other," please specify.
5. If information is not readily available, write "N.R.A."
6. If the space provided to answer a question is not adequate, please use the page opposite the question to complete your answer.

\* \* \* \* \*



NURSING PROGRAM QUESTIONNAIRE

I. Type of Hospital (if applicable)

( ) Acute

( ) Other (specify) \_\_\_\_\_

Total Number of Beds  
Including Bassinets

\_\_\_\_\_

XVIII. Type of Program:

( ) A) Psychiatric Diploma 2 yr.

( ) B) Certified Nursing Orderly

( ) C) Certified Nursing Aide

( ) D) Diploma (RN) 3 yr.

( ) E) Diploma (RN) 2 yr.

( ) F) Basic Degree 4 yr.

( ) G) Post Basic Degree

( ) H) Master of Health Services Admin.  
(Nursing Service Admin. major)

XIX. Define the role(s) for which your graduates are being prepared.

XX. A. Indicate total student admissions.

1969 \_\_\_\_\_  
1968 \_\_\_\_\_  
1967 \_\_\_\_\_  
1966 \_\_\_\_\_

B. State the projected admission figures opposite the appropriate year.

<u>Year</u>	<u>Number of Students</u>
1970	_____
1971	_____
1972	_____
1973	_____
1974	_____





XXI. A. What is the total number of instructors employed by your nursing program?

Full Time \_\_\_\_\_

Part Time \_\_\_\_\_

B. Indicate the number of instructors on your faculty, who have as their highest level of educational preparation:

- (a) One year University Diploma \_\_\_\_\_
- (b) Bachelor's Degree \_\_\_\_\_
- (c) Master's Degree \_\_\_\_\_
- (d) Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

We recognize that the following question is lengthy and time consuming; however, as it provides essential data for the study, your answers to all parts of the question would be appreciated.

VIII. IN YOUR OPINION, WHAT IS THE DEGREE TO WHICH THE FOLLOWING FACTORS INFLUENCE DECISIONS IN THE ALLOCATION OF CLINICAL NURSING EXPERIENCE?

<u>FACTOR</u>	<u>MOST</u> <u>IMPORTANT</u>	<u>MODERATELY</u> <u>IMPORTANT</u>	<u>LEAST</u> <u>IMPORTANT</u>
A. Degree to which <u>Physical Facilities</u> influence decisions in the allocation of clinical nursing experience:			
a) No. of beds in the hospital	( )	( )	( )
b) Classroom space	( )	( )	( )
c) Residence size	( )	( )	( )
d) Cafeteria facilities	( )	( )	( )
e) Locker space	( )	( )	( )
B. Degree to which <u>Patient Care</u> influences decisions in the allocation of clinical nursing experience:			
a) Maintenance of a desired standard of patient care	( )	( )	( )
b) Motivation of the hospital nursing staff due to the association with nursing learners	( )	( )	( )
c) Patient receptivity of students	( )	( )	( )
d) Student-Staff ratio	( )	( )	( )

. . . continued



(Question VIII continued)

<u>FACTOR</u>	<u>MOST IMPORTANT</u>	<u>MODERATELY IMPORTANT</u>	<u>LEAST IMPORTANT</u>
C. Degree to which <u>Nursing Program(s)</u> influence decisions in the allocation of clinical nursing experience:			
a) Type of nursing program	( )	( )	( )
b) No. of students admitted per class in each nursing program	( )	( )	( )
c) The ratio of prepared faculty to nursing learners	( )	( )	( )
d) The maximum <u>no. of learners</u> assigned to any one ward	( )	( )	( )
e) The <u>types of programs</u> assigned to any one ward	( )	( )	( )
f) The no. and variety of nursing learners already utilizing the hospital clinical resources	( )	( )	( )
g) Enrolment nos. in hospital's own nursing program	( )	( )	( )
h) The length of association the nursing program in question has had with the hospital	( )	( )	( )
i) The level of the student e.g., junior, intermediate, senior	( )	( )	( )
j) Recruitment e.g., future needs of the hospital for graduates from the various types of nursing programs	( )	( )	( )
k) Service contributions made to patient care by the nursing learners	( )	( )	( )
l) Availability of similar experiences in other community health agencies	( )	( )	( )

. . . continued



(Question VIII continued)

<u>FACTOR</u>	<u>MOST IMPORTANT</u>	<u>MODERATELY IMPORTANT</u>	<u>LEAST IMPORTANT</u>
D. Degree to which <u>Availability of Hospital Clinical Experience</u> influences decisions in the allocation of clinical nursing experience:			
a) Bed occupancy rates	( )	( )	( )
b) The types of diseases or symptoms presented by the patients in the hospital	( )	( )	( )
c) Kinds of procedures available to nursing learners and the frequency with which they are performed	( )	( )	( )
d) The <u>kind(s)</u> of hospital clinical experiences needed by the nursing <u>program(s)</u>	( )	( )	( )
e) The need for hospital clinical experience by learners from programs other than the nursing programs included in the present survey (see definitions)	( )	( )	( )
f) The total <u>no. of hours</u> which the nursing program requests for clinical experience(s)	( )	( )	( )
g) The <u>time of day</u> the nursing program requests for clinical experience(s)	( )	( )	( )
h) The <u>day(s)</u> of the week which the nursing program requests to utilize the hospital clinical experience(s)	( )	( )	( )
E. Degree to which <u>Attitudes</u> influence decisions in the allocation of clinical nursing experience:			
a) The attitudes regarding the hospital's responsibility to the community for providing clinical experiences held by:			
1) The board	( )	( )	( )
2) The administrator	( )	( )	( )
3) The medical director	( )	( )	( )
4) The medical staff	( )	( )	( )
5) The director of nursing	( )	( )	( )
6) The director of nursing service	( )	( )	( )
7) The director of nursing education (hospital's own program)	( )	( )	( )
8) The supervisors	( )	( )	( )
9) The head nurse	( )	( )	( )
10) Instructors (hospital's own program)	( )	( )	( )





(Question VIII continued)

FACTOR	MOST IMPORTANT	MODERATELY IMPORTANT	LEAST IMPORTANT
F. Degree to which <u>Cost</u> influences decisions in the allocation of clinical nursing experience:			
a) Additional costs (direct or indirect) incurred by the hospital because of the presense of nursing learners (e.g., provision for supervision of learners)	( )	( )	( )
b) Operating budget	( )	( )	( )
G. Degree to which <u>Meetings and Studies</u> influence decisions in the allocation of clinical nursing experience:			
a) Recommendations contained in studies and/or reports (e.g., Task Force on the Cost of Health Services in Canada, or Royal Commission on Health Services)	( )	( )	( )
b) Knowledge gained from "outside" meetings (e.g., Hospital Association, Director of Nursing Education)	( )	( )	( )
H. Degree to which the following <u>Miscellaneous</u> factors influence decisions in the allocation of clinical nursing experience:			
a) Sequence in which requests are submitted for clinical experience in the hospital	( )	( )	( )
b) The presence of an overall plan for utilization of clinical resources by the nursing learners	( )	( )	( )
c) Clarity with which the director of nursing program(s) expresses the need for clinical experience	( )	( )	( )
d) Acquaintance with the director of nursing program requesting clinical experience	( )	( )	( )
e) Legal responsibility for nursing learners	( )	( )	( )
f) Travelling time for the student to and from the hospital	( )	( )	( )
I. Degree to which <u>Other Factors</u> influence decisions in the allocation of clinical nursing experience(specify):			
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )





XXII. A. Do you foresee any of the above factors becoming more dominant in determining the size of admission?

- (    ) Yes  
(    ) No

B. If "yes," which one(s) and why? \_\_\_\_\_

XXIII. Indicate the number of hours of hospital clinical experience required per student by your nursing program.

\_\_\_\_\_

XXIV. A. Do you limit the number of learners admitted to your nursing program because of a lack of hospital clinical experiences?

- (    ) Yes    (    ) No

B. If "yes," indicate the area(s):

- |                                  |   |
|----------------------------------|---|
| (    ) a) Medicine               | (    ) j) Day Care Patient Treatment Program( |
| (    ) b) Surgery                | (specify)                                     |
| (    ) c) Pediatrics             | _____   |
| (    ) d) Obstetrics             | _____   |
| (    ) e) Psychiatry             | _____   |
| (    ) f) Emergency              | _____   |
| (    ) g) Intensive Care         | (    ) k) Other _____                         |
| (    ) h) Out Patient Department | _____   |
| (    ) i) Family Clinic          | _____   |
|                                  | _____   |
|                                  | _____   |
|                                  | _____   |
|                                  | _____   |
|                                  | _____   |



- X. In one sense, because all of the people listed below are important, it is artificial to argue that one person's role is "more important" than another. We would, however, ask that you set aside this point for the present and indicate by ranking (1 = most important, 11 = least important) the importance of the role played by each person or group in making decisions regarding both the kind(s) of clinical experience and the number(s) of nursing learners accepted into the hospital. Rank each person or group even if they do not exist in the institution.

- \_\_\_\_\_ A) Medical Advisory Committee
- \_\_\_\_\_ B) Head Nurses
- \_\_\_\_\_ C) Administrator
- \_\_\_\_\_ D) Director of Nursing Education
- \_\_\_\_\_ E) Medical Director
- \_\_\_\_\_ F) Director of Nursing
- \_\_\_\_\_ G) The Board
- \_\_\_\_\_ H) Instructors
- \_\_\_\_\_ I) Director of Nursing Service
- \_\_\_\_\_ J) Supervisors
- \_\_\_\_\_ K) Nursing Advisory Committee

- XXV. A. Does any outside agency such as a provincial or federal government department or university policy set minimum or maximum limits to size of classes you can admit?

( ) Yes ( ) No

- B. If "yes," please specify:

. . . continued



[illegible]



(Question XXVI A. continued)

(b) Do the learners in your nursing program receive clinical experience in:

Yes      No

Private nursing homes ( ) ( )

Government nursing homes	( )	( )
--------------------------	-----	-----

B. (a) Do students from any other nursing program(s) (see attached definitions for a list of nursing programs) affiliate with your program?

( ) Yes ( ) No

(b) If "yes," please indicate:

<u>Area</u>	<u>Types of Nursing Program(s)</u>	<u>Level(s) of Students</u>	<u>No. of Students During Course of a Yr.</u>	<u>Hrs. of Experience During Course of a Yr.</u>
Medicine				
Surgery				
Pediatrics				
Obstetrics				
Psychiatry				
Intensive Care				
Emergency				
Family Clinic				
Day Care Patient Treatment Program(s) (specify) _____ _____ _____				
Operating Room				
Other _____ _____ _____ _____ _____ _____				





XXVII. If you have a written contract(s) with some or all hospital(s) whose clinical experience your learners are utilizing, indicate from the list below the terms included in your agreement(s):

- |   | <u>Yes</u> |
|---|------------|
| a) purpose of the agreement   | (   )      |
| b) beginning and terminal dates of contract                               | (   )      |
| c) method of renewal  | (   )      |
| d) method for termination   | (   )      |
| e) basis for program evaluation   | (   )      |
| f) legal aspects, e.g., student insurance                                 | (   )      |
| g) specific obligations the hospital will assume:                         |            |
| 1) provision of classrooms  | (   )      |
| 2) provision of offices   | (   )      |
| 3) provision of locker space  | (   )      |
| 4) dining privileges  | (   )      |
| 5) hours and services available for experiences                           | (   )      |
| h) specific obligations the school will assume:                           |            |
| 1) provision of faculty   | (   )      |
| 2) follow administrative channels in planning student clinical experience | (   )      |
| 3) adhere to hospital policies and standards                              | (   )      |
| i) living accommodation   | (   )      |
| j) Other _____  | (   )      |
| _____   | (   )      |
| _____   | (   )      |

XVIII. A. Please circle the number that you think most closely approximates the number of students admitted to Edmonton nursing programs in 1969:

745	1120	820
970	895	1045

B. To your knowledge, does any nursing program in Edmonton have projected admission figures for the next five years?

(   ) Yes  
(   ) No

(a) If "yes," indicate the nursing program(s) involved (see attached definitions)



(Question XXI continued)

C. Indicate the hospitals that to your knowledge are being utilized for clinical experiences by the Edmonton nursing programs:

- ( ) Aberhart Memorial Sanitorium
- ( ) Alberta Hospital, Edmonton
- ( ) Allen Gray Auxiliary Hospital
- ( ) Charles Cammell Hospital
- ( ) Dr. W.W. Cross Cancer Institute
- ( ) Edmonton General Hospital
- ( ) Glenrose Provincial General Hospital
- ( ) Good Samaritan Auxiliary Hospital
- ( ) Lynwood Auxiliary Hospital
- ( ) Misericordia Hospital
- ( ) Norwood Auxiliary Hospital
- ( ) Royal Alexandra Hospital
- ( ) St. Joseph's Hospital
- ( ) University Hospital
- ( ) Government Nursing Home(s)
- ( ) Private Nursing Home(s)

XIII. Indicate the type of planning which most closely approximates your thinking regarding the best way to allocate hospital clinical resources by checking the type of control, the level of hospital planning, and the type of learning group(s) represented in the planning.

- | A. <u>Type of Control</u> | B. <u>Level of Hospital Planning</u> | C. <u>Type of Learning Group(s)</u>         |
|---------------------------|--------------------------------------|---|
| ( ) 1) Voluntary          | ( ) 1) Individual hospital           | ( ) 1) Individual nursing program           |
| ( ) 2) Compulsory         | ( ) 2) All hospitals in Edmonton     | ( ) 2) All nursing programs                 |
|                           | ( ) 3) All hospitals in a region     | ( ) 3) All health personnel learning groups |
|                           | ( ) 4) All hospitals in the Province |   |

. . . continued



XIV. Additional Comments.

Comments would be appreciated on:

(a) Any problems you have or foresee in relation to allocation of clinical resources.

(b) Any other remarks relating to issues raised in the questionnaire which you consider significant.



11842 - 39 Street,  
Edmonton 21, Alberta

3 June, 1970

Dear Administrator:

Upon receiving the questionnaire returns, it has become obvious that the directions for completing Question X on the Administrative Questionnaire were ambiguous. The intention of the question is to have you rank each person or group from one to eleven, inclusive, in their order of importance.

Please find enclosed a copy of Question X which I would ask you to complete once again.

I am very sorry for any inconvenience which this might have caused.

Thank you, for your assistance.

Yours sincerely,

(Mrs.) Margaret Mrazek

Enclosure





I. Type of Hospital:	Total No. of Beds Including Bassinets
( ) Acute	_____
( ) Other (specify): _____	_____
_____	_____

X. In one sense, because all of the people listed below are important, it is artificial to argue that one person's role is "more important" than another. We would, however, ask that you set aside this point for the present and indicate by ranking (1 [one] = most important; 2 [two] = second most important; . . . . . 11 [eleven] = least important) the importance of the role played by each person or group in making decisions regarding both the kind(s) of clinical experience and the number(s) of nursing learners accepted into the hospital. Rank each person or group even if they do not exist in the institution.

- \_\_\_\_\_ A) Medical Advisory Committee
- \_\_\_\_\_ B) Head Nurses
- \_\_\_\_\_ C) Administrator
- \_\_\_\_\_ D) Director of Nursing Education
- \_\_\_\_\_ E) Medical Director
- \_\_\_\_\_ F) Director of Nursing
- \_\_\_\_\_ G) The Board
- \_\_\_\_\_ H) Instructors
- \_\_\_\_\_ I) Director of Nursing Service
- \_\_\_\_\_ J) Supervisors
- \_\_\_\_\_ K) Nursing Advisory Committee



11842 - 39 Street,  
Edmonton 21, Alberta

19 June, 1970

Dear Administrator:

Just as a reminder to you and members of your nursing department who are participating in the Survey on Allocation of Clinical Resources between Nursing Programs in the Edmonton Area, the return of the questionnaires would be greatly appreciated at your earliest convenience.

If you have already forwarded the questionnaires, I ask that you disregard this letter and thank you very much for your prompt return.

Sincerely yours,

(Mrs.) Margaret Mrazek



TABLE XVII

Frequency Distribution: Opinions on Degree of Importance, Least, moderately and most, which the forty-nine Factors Influence Decisions in the Allocation of Clinical Nursing Experience, By Type of Group, Administrators, Directors of Nursing Programs, Directors of Nursing Services and Directors of Nursing, in Edmonton, 1970

Factor	Type of <sup>a</sup> Group	Least Important	Moderately Important	Most Important
1.A.a No. of beds in the hospital	ADM	2	2	7
	DNP	1	3	5
	DNS	1	5	5
	DN	0	0	3
2.A.b Classroom space	ADM	2	7	2
	DNP	5	3	1
	DNS	1	9	1
	DN	0	3	0
3.A.c Residence size	ADM	6	4	1
	DNP	8	1	0
	DNS	9	2	0
	DN	2	1	0
4.A.d Cafeteria Facilities	ADM	6	5	0
	DNP	9	0	0
	DNS	7	4	0
	DN	2	1	0
5.A. e Locker space	ADM	7	3	1
	DNP	7	2	0
	DNS	8	3	0
	DN	3	0	0
6.B.a Maintenance of a desired standard of patient care	ADM	1	1	9
	DNP	0	1	8
	DNS	0	0	11
	DN	0	0	3
7.B.b Motivation of the hospital nursing staff due to the association with nursing learners	ADM	0	2	9
	DNP	1	2	6
	DNS	0	4	7
	DN	0	2	1

a: Group ADM - Administrators  
DNP - Directors of Nursing Programs  
DNS - Directors of Nursing Service  
DN - Directors of Nursing



TABLE XVII continued

Factor	Type of Group	Least Important	Moderately Important	Most Important
8.B.c Patient receptivity of students	ADM	2	4	5
	DNP	2	3	4
	DNS	3	6	2
	DN	1	2	0
9.B.d Student-Staff ratio	ADM	0	7	4
	DNP	2	7	0
	DNS	1	7	3
	DN	0	1	2
10.C.a Type of nursing program	ADM	1	1	9
	DNP	1	4	4
	DNS	1	1	9
	DN	0	1	2
11.C.b No.of students admitted per class in each nursing program	ADM	2	3	6
	DNP	0	6	3
	DNS	0	8	3
	DN	0	2	1
12.C.c The ratio of prepared faculty to nursing learners	ADM	0	3	8
	DNP	1	2	6
	DNS	0	4	7
	DN	0	0	3
13.C.d The maximum <u>No.of learners</u> assigned to any one ward	ADM	0	4	7
	DNP	0	1	8
	DNS	0	2	9
	DN	0	0	3
14.C.e The <u>types of programs</u> assigned to any one ward	ADM	1	3	7
	DNP	0	4	5
	DNS	0	7	4
	DN	0	1	2
15.C.f The No.and variety of nursing learners already utilizing the hospital clinical resources	ADM	0	3	8
	DNP	1	3	5
	DNS	0	3	8
	DN	0	2	1
16.C.g Enrolment Nos. in hospital's own nursing program	ADM	1	4	6
	DNP	2	2	5
	DNS	3	5	3
	DN	0	1	2





TABLE XVII continued

Factor	Type of Group	Least Important	Moderately Important	Most Important
17.C.h The length of association the nursing program in question has had with the hospital	ADM	3	6	2
	DNP	4	5	0
	DNS	4	7	0
	DN	2	1	0
18.C.i The level of the student e.g., junior, intermediate, senior	ADM	0	5	6
	DNP	4	0	5
	DNS	1	6	4
	DN	0	2	1
19.C.j Recruitment e.g., future needs of the hospital for graduates from the various types of nursing programs	ADM	1	4	6
	DNP	3	2	4
	DNS	3	5	3
	DN	2	1	0
20.C.k Service contributions made to patient care by the nursing students	ADM	7	2	2
	DNP	3	3	3
	DNS	9	2	0
	DN	3	0	0
21.C.l Availability of similar experiences in other community health agencies	ADM	1	5	5
	DNP	4	2	3
	DNS	3	4	4
	DN	0	2	1
22.D.a Bed occupancy rate	ADM	2	5	4
	DNP	0	7	2
	DNS	3	5	3
	DN	1	2	0
23.D.b The types of diseases or symptoms presented by the patients in the hospital	ADM	0	1	10
	DNP	0	4	5
	DNS	2	2	7
	DN	1	1	1
24.D.c Kinds of procedures available to nursing learners and the frequency with which they are performed	ADM	0	4	7
	DNP	0	5	4
	DNS	0	4	7
	DN	1	2	0



TABLE XVII continued

Factor	Type of Group	Least Important	Moderately Important	Most Important
25.D.d The kind(s) of hospital clinical experiences needed by the nursing program(s)	ADM DNP DNS DN	0 0 0 0	1 1 4 2	10 8 7 1
26.D.e The need for hospital clinical experience by learners from programs other than the nursing programs included in the present survey	ADM DNP DNS DN	2 3 1 0	4 4 9 3	5 2 1 0
27.D.f The total No. of hours which the nursing program requests for clinical experience(s)	ADM DNP DNS DN	1 1 0 0	3 5 7 1	7 3 4 2
28.D.g The time of day the nursing program requests for clinical experience(s)	ADM DNP DNS DN	1 0 2 0	7 5 6 1	3 4 3 2
29.D.h The day(s) of the week which the nursing program requests to utilize the hospital clinical experience(s)	ADM DNP DNS DN	2 2 2 0	7 5 6 1	2 2 3 2
30.E.a The attitudes regarding the hospital's responsibility to the community for providing clinical experiences held by: 1) The board	ADM DNP DNS DN	2 2 0 0	3 3 6 0	6 4 5 3
31.E.a 2) The administrator	ADM DNP DNS DN	1 0 1 0	1 4 3 1	9 5 7 2



TABLE XVII continued

Factor	Type of Group	Least Important	Moderately Important	Most Important
32.E.a 3) The medical director	ADM	2	2	7
	DNP	2	5	2
	DNS	1	5	5
	DN	0	3	0
33.E.a 4) The medical staff	ADM	1	4	6
	DNP	4	5	0
	DNS	2	6	3
	DN	0	3	0
34.E.a 5) The director of nursing	ADM	0	0	11
	DNP	1	1	7
	DNS	0	2	9
	DN	0	1	2
35.E.a 6) The director of nursing service	ADM	0	4	7
	DNP	2	0	7
	DNS	0	2	9
	DN	0	1	2
36.E.a 7) The director of nursing education(hospital's own program)	ADM	0	1	10
	DNP	2	2	5
	DNS	0	3	8
	DN	0	1	2
37.E.a 8) The supervisors	ADM	0	5	6
	DNP	3	2	4
	DNS	1	4	6
	DN	0	2	1
38.E.a 9) The head nurse	ADM	2	3	6
	DNP	4	1	4
	DNS	1	4	6
	DN	0	2	1
39.E.a 10) Instructors (hospital's own program)	ADM	2	1	8
	DNP	0	2	7
	DNS	0	5	6
	DN	0	1	2
40.F.a Additional costs (direct or indirect incurred by the hospital because of the presence of nursing learners(eg provision for supervision of learners))	ADM	0	6	5
	DNP	2	3	4
	DNS	2	4	5
	DN	0	1	2



TABLE XVII continued

Factor	Type of Group	Least Important	Moderately Important	Most Important
41.F.b Operating budget	ADM	0	3	8
	DNP	2	3	4
	DNS	2	4	5
	DN	0	2	1
42.G.a Recommendations contained in studies and/or reports (eg., Task Force on the Cost of Health Services in Canada, or Royal Commission on Health Services)	ADM	0	8	3
	DNP	4	2	3
	DNS	0	10	1
	DN	0	3	0
43.G.b Knowledge gained from "outside" meetings (eg., Hospital Association, Director of Nursing Education)	ADM	0	7	4
	DNP	3	4	2
	DNS	1	9	1
	DN	0	2	1
44.H.a Sequence in which requests are submitted for clinical experience in the hospital	ADM	3	6	2
	DNP	6	3	0
	DNS	0	9	2
	DN	0	1	2
45.H.b The presence of an overall plan for utilization of clinical resources by the nursing learners	ADM	0	0	11
	DNP	3	1	5
	DNS	0	3	8
	DN	0	1	2
46.H.c Clarity with which the director of nursing program(s) expresses the need for clinical experience	ADM	0	1	10
	DNP	1	2	6
	DNS	1	5	5
	DN	0	1	2
47.H.d Acquaintance with the director of nursing program requesting clinical experience	ADM	4	2	5
	DNP	3	3	3
	DNS	5	2	4
	DN	2	0	1





TABLE XVII continued

Factor	Type of Group	Least Important	Moderately Important	Most Important
48.H.e Legal responsibility for nursing learners	ADM	2	7	2
	DNP	2	4	3
	DNS	0	9	2
	DN	1	1	1
49.H.f Travelling time for the student to and from the hospital	ADM	9	1	1
	DNP	4	2	3
	DNS	8	3	1
	DN	2	1	0



TABLE XVIII

Frequency Distribution: Opinions on Degree of Importance, Least, Moderately and Most, which the forty-nine Factors Influence Decisions in the Allocation of Clinical Nursing Experience, By Type of hospital, Acute, Other and Not Directly Associated, in Edmonton, 1970

Factor	Type of <sup>a</sup> Hospital	Least Important	Moderately Important	Most Important
1.A.a No.of beds in the hospital	AH	1	3	10
	OH	3	4	6
	NDA	0	3	1
2.A.b Classroom space	AH	3	10	1
	OH	3	7	3
	NDA	2	2	0
3.A.c Residence size	AH	11	3	0
	OH	8	4	1
	NDA	4	0	0
4.A.d Cafeteria facilities	AH	12	2	0
	OH	6	7	0
	NDA	4	0	0
5.A.e Locker space	AH	12	2	0
	OH	8	4	1
	NDA	2	2	0
6.B.a Maintenance of a desired standard of patient care	AH	1	1	12
	OH	0	1	12
	NDA	0	0	4
7.B.b Motivation of the hospital nursing staff due to association with nursing learners	AH	1	5	8
	OH	0	2	11
	NDA	0	1	3
8.B.c Patient receptivity of students	AH	6	4	4
	OH	1	8	4
	NDA	0	1	3
9.B.d Student-staff ratio	AH	2	9	3
	OH	0	9	4
	NDA	1	3	0

a: AH - Acute Hospitals

OH - Other Hospitals

NDA - Not directly associated with a hospital



TABLE XVIII continued

Factor	Type of Hospital	Least Important	Moderately Important	Most Important
10.C.a Type of nursing program	AH	2	1	11
	OH	0	3	10
	NDA	1	2	1
11.C.b No. of students admitted per class in each nursing program	AH	1	5	8
	OH	1	8	4
	NDA	0	4	0
12.C.c The ratio of prepared faculty to nursing learners	AH	0	2	12
	OH	0	5	8
	NDA	1	2	1
13.C.d The maximum <u>No. of learners assigned to any one ward</u>	AH	0	3	11
	OH	0	4	9
	NDA	0	0	4
14.C.e The <u>types of programs assigned to any one ward</u>	AH	1	5	8
	OH	0	7	6
	NDA	0	2	2
15.C.f The No. and variety of nursing learners already utilizing the hospital clinical resources	AH	1	5	8
	OH	0	3	10
	NDA	0	3	1
16.C.g Enrolment Nos. in hospital's own nursing program	AH	3	3	8
	OH	2	8	3
	NDA	1	0	3
17.C.h The length of association the nursing program in question has had with the hospital	AH	6	7	1
	OH	4	8	1
	NDA	1	3	0
18.C.i The level of the student eg., junior, intermediate, senior	AH	1	4	9
	OH	2	7	4
	NDA	2	0	2
19.C.j Recruitment eg., future needs of the hospital for graduates from the various types of nursing programs	AH	5	5	4
	OH	2	4	7
	NDA	0	2	2



TABLE XVIII continued

Factor	Type of Hospital	Least Important	Moderately Important	Most Important
20.C.k Service contributions made to patient care by the nursing students	AH	9	4	1
	OH	9	1	3
	NDA	1	2	1
21.C.1 Availability of similar experiences in other community health agencies	AH	4	5	5
	OH	2	5	6
	NDA	2	1	1
22.D.a Bed occupancy rate	AH	3	5	6
	OH	2	8	3
	NDA	0	4	0
23.D.b The types of diseases or symptoms presented by the patients in the hospital	AH	1	1	12
	OH	1	3	9
	NDA	0	3	1
24.D.c Kinds of procedures available to nursing learners and the frequency with which they are performed	AH	0	6	8
	OH	0	5	8
	NDA	0	2	2
25.D.d The <u>kind(s)</u> of hospital clinical experiences needed by the nursing program(s)	AH	0	2	12
	OH	0	4	9
	NDA	0	0	4
26.D.e The need for hospital clinical experience by learners from programs other than the nursing programs included in the present survey (see definitions)	AH	4	6	4
	OH	1	9	3
	NDA	1	2	1
27.D.f The total <u>No. of hours</u> which the nursing program requests for clinical experience(s)	AH	2	7	5
	OH	0	6	7
	NDA	0	2	2





TABLE XVIII continued

Factor	Type of Hospital	Least Important	Moderately Important	Most Important
28.D.g The <u>time of day</u> the nursing program requests for clinical experience(s)	AH OH NDA	3 0 0	6 9 3	5 4 1
29.D.h The <u>day(s) of the week</u> which the nursing program requests to utilize the hospital clinical experience(s)	AH OH NDA	4 2 0	5 10 3	5 1 1
30.E.a The attitudes regarding the hospital's responsibility to the community for providing clinical experiences held by: 1) The board	AH OH NDA	1 1 2	6 5 1	7 7 1
31.E.a 2) The administrator	AH OH NDA	1 1 0	3 3 2	10 9 2
32.E.a 3) The medical director	AH OH NDA	3 2 0	5 4 3	6 7 1
33.E.a 4) The medical staff	AH OH NDA	3 2 2	8 5 2	3 6 0
34.E.a 5) The director of nursing	AH OH NDA	0 1 0	2 1 0	12 11 4
35.E.a 6) The director of nursing service	AH OH NDA	1 1 0	4 2 0	9 10 4
36.E.a 7) The director of nursing education(hospital's own program)	AH OH NDA	1 0 1	1 3 2	12 10 1
37.E.a 8) The supervisors	AH OH NDA	3 1 0	4 5 2	7 7 2



TABLE XVIII continued

Factor	Type of Hospital	Least Important	Moderately Important	Most Important
38.E.a 9) The head nurse	AH	5	2	7
	OH	1	5	7
	NDA	1	1	2
39.E.a 10) Instructors (hospital's own program)	AH	2	2	10
	OH	0	5	8
	NDA	0	1	3
40.F.a Additional costs (direct or indirect incurred by the hospital because of the presence of nursing learners (eg., provision for supervision of learners)	AH	0	6	8
	OH	3	5	5
	NDA	1	2	1
41.F.b Operating budget	AH	1	4	9
	OH	2	4	7
	NDA	1	2	1
42.G.a Recommendations contained in studies and/or reports(eg., Task Force on the Cost of Health Services in Canada, or Royal Commission on Health Services)	AH	1	8	5
	OH	1	11	1
	NDA	2	1	1
43.G.b Knowledge gained from "outside" meetings(eg., Hospital Association, Director of Nursing Education)	AH	1	10	3
	OH	1	9	3
	NDA	2	1	1
44.H.a Sequence in which requests are sub- mitted for clinical experience in the hospital	AH	5	7	2
	OH	2	9	2
	NDA	2	2	0



TABLE XVIII continued

Factor	Type of Hospital	Least Important	Moderately Important	Most Important
45.H.b The presence of an overall plan for utilization of clinical resources by the nursing learners	AH	1	2	11
	OH	0	2	11
	NDA	2	0	2
46.H.c Clarity with which the director of nursing program(s) expresses the need for clinical experience	AH	1	2	11
	OH	1	5	7
	NDA	0	1	3
47.H.d Acquaintance with the director of nursing program requesting clinical experience	AH	7	2	5
	OH	4	4	5
	NDA	1	1	2
47.H.e Legal responsibility for nursing learners	AH	3	6	5
	OH	1	11	1
	NDA	0	3	1
49.H.f Travelling time for the student to and from the hospital	AH	10	2	2
	OH	10	2	1
	NDA	1	2	1



TABLE XIX

Frequency Distribution: Ranking of the Role of Persons or Groups in Making Decisions on the Kind(s) of Clinical Experience and Number(s) of Nursing Learners Accepted into the Hospital, By Type of Group, Administrators, Directors of Nursing Programs, Directors of Nursing Service and Directors of Nursing, in Edmonton, 1970

Variables	Type of <sup>a</sup> Group	Ranking										
		1	2	3	4	5	6	7	8	9	10	11
Medical Advisory Committee	ADM	0	0	0	1	0	1	2	1	0	4	1
	DNP	0	0	0	0	0	0	0	0	2	4	2
	DNS	0	1	1	0	0	2	0	2	0	0	5
	DN	0	0	0	0	1	0	0	0	0	0	2
Head Nurses	ADM	0	0	0	0	1	2	1	1	0	3	2
	DNP	0	1	0	0	0	3	1	1	1	0	1
	DNS	0	0	0	0	0	2	3	1	0	1	4
	DN	0	0	0	0	0	0	1	0	1	0	1
Administrator	ADM	1	3	1	1	0	0	0	4	0	0	0
	DNP	0	1	1	2	0	0	2	0	2	0	0
	DNS	0	4	1	2	1	0	0	3	0	0	0
	DN	1	1	0	0	0	0	0	1	0	0	0
Director of Nursing Education	ADM	3	2	2	1	0	0	1	1	0	0	0
	DNP	3	1	1	0	2	0	1	0	0	0	0
	DNS	2	1	1	2	0	1	2	1	0	1	0
	DN	0	1	1	0	0	0	1	0	0	0	0
Medical Director	ADM	0	1	2	0	0	0	3	0	3	0	1
	DNP	0	0	0	1	0	0	0	3	2	2	0
	DNS	0	1	1	4	0	0	1	0	2	2	0
	DN	0	0	0	1	0	0	0	0	0	2	0
Director of Nursing	ADM	4	1	0	1	1	1	1	0	0	1	0
	DNP	0	2	2	1	1	1	0	0	0	0	1
	DNS	3	2	1	0	3	2	0	0	0	0	0
	DN	1	1	0	0	0	1	0	0	0	0	0
The Board	ADM	2	0	0	1	2	0	0	1	1	0	3
	DNP	1	0	0	1	0	1	0	0	1	0	4
	DNS	5	0	0	0	3	1	0	0	1	1	0
	DN	1	0	0	0	0	1	0	0	1	0	0
Instructors	ADM	0	1	0	2	2	0	1	1	2	0	1
	DNP	1	3	0	1	0	1	1	1	0	0	0
	DNS	0	0	1	0	1	1	0	1	4	3	0
	DN	0	0	1	0	1	0	0	1	0	0	0

a: ADM - Administrators  
DNP - Directors of Nursing Programs  
DNS-Directors of Nursing Service  
DN - Directors of Nursing





TABLE XIX continued

Variables	Type of Group	Ranking										
		1	2	3	4	5	6	7	8	9	10	11
Director of Nursing Service	ADM	0	2	2	1	0	3	2	0	0	0	0
	DNP	2	0	1	1	2	1	1	0	0	0	0
	DNS	0	1	2	3	1	1	0	3	0	0	0
	DN	0	0	0	1	0	0	1	0	1	0	0
Supervisors	ADM	0	0	1	2	0	1	1	0	2	3	0
	DNP	0	0	1	0	4	1	0	1	0	1	0
	DNS	0	0	1	0	1	1	2	0	3	2	1
	DN	0	0	0	0	0	1	0	1	0	1	0
Nursing Advisory Committee	ADM	0	0	1	2	3	1	1	0	1	1	0
	DNP	1	0	2	0	1	0	1	1	2	0	0
	DNS	1	1	2	0	1	1	2	0	0	3	0
	DN	0	0	1	1	1	0	0	0	0	0	0



TABLE XX

Frequency Distribution: Ranking of the Role of Persons or Groups in Making Decisions on the Kind(s) of Clinical Experience and Number(s) of Nursing Learners Accepted into the Hospital, By Type of Hospital, Acute, Other and Not Directly Associated, in Edmonton 1970

Variables	Type of <sup>a</sup> Hospital	Ranking										
	1	2	3	4	5	6	7	8	9	10	11	
Medical Advisory Committee	AH	0	0	1	0	0	2	1	0	2	1	5
	OH	0	1	0	1	0	1	1	3	0	4	2
	NDA	0	0	0	0	0	0	0	0	0	3	1
Head Nurses	AH	0	0	0	0	1	3	1	1	1	2	3
	OH	0	0	0	0	0	3	3	1	0	2	4
	NDA	0	1	0	0	0	1	1	1	0	0	0
Administrator	AH	0	4	1	2	1	0	0	3	0	0	0
	OH	1	4	1	2	0	0	0	4	1	0	0
	NDA	0	0	1	0	0	0	2	0	1	0	0
Director of Nursing Education	AH	5	1	1	1	1	1	2	0	0	0	0
	OH	3	2	2	2	0	0	1	2	0	1	0
	NDA	0	1	1	0	1	0	1	0	0	0	0
Medical Director	AH	0	0	0	2	0	0	2	1	5	2	0
	OH	0	2	3	2	0	0	2	1	1	1	1
	NDA	0	0	0	1	0	0	0	1	1	1	0
Director of Nursing	AH	3	1	1	2	2	0	1	0	0	1	1
	OH	4	2	2	0	2	3	0	0	0	0	0
	NDA	0	2	0	0	1	1	0	0	0	0	0
The Board	AH	4	0	0	1	1	2	0	0	2	1	1
	OH	4	0	0	0	4	0	0	1	1	0	3
	NDA	0	0	0	1	0	0	0	0	0	0	3
Instructors	AH	0	3	1	2	0	0	1	2	3	0	0
	OH	0	1	0	0	3	1	1	0	3	3	1
	NDA	1	0	0	1	0	1	0	1	0	0	0
Director of Nursing Service	AH	0	2	1	1	1	3	2	2	0	0	0
	OH	0	1	3	4	1	2	1	1	0	0	0
	NDA	2	0	1	0	1	0	0	0	0	0	0
Supervisors	AH	0	0	2	1	1	1	2	1	0	4	0
	OH	0	0	0	1	1	2	1	0	5	2	1
	NDA	0	0	1	0	3	0	0	0	0	0	0



TABLE XX continued

Variables	Type of.....	Ranking.....										
	Hospital	1	2	3	4	5	6	7	8	9	10	11
Nursing	AH	0	1	3	1	3	0	2	0	0	2	0
Advisory	OH	1	0	2	1	2	2	2	0	1	2	0
Committee	NDA	1	0	0	0	0	0	0	1	2	0	0

- a: AH - Acute Hospitals  
OH - Other Hospitals  
NDA - Not directly associated with a hospital



TABLE XXI

Frequency Distribution: Opinions on Type of Planning to Best Allocate Hospital Clinical Resources, By Type of Groups, Administrators, Directors of Nursing Programs, Directors of Nursing Service and Directors of Nursing, In Edmonton, 1970

Type of Group	Voluntary	Type of Control	Level of Hospital Planning					Type of Learning Group		
			Indiv. Hospital		All Hosp. in Edm.		All Hosp. in a Region		Indiv. in a Province	
			9	2	1	4	5	1	0	3
Administrators	9	2	1	4	5	1	8			
Directors of Nursing Programs	5	4	2	1	4	2	5			
Directors of Nursing Service	11	0	2	1	4	4	9			
Directors of Nursing	3	0	0	0	2	1	3			





TABLE XXII

Frequency Distribution: Opinions on Type of Planning to Best Allocate Hospital Clinical Resources, By Type of Hospitals, Acute, Other and Not Directly Associated, In Edmonton, 1970

Type of Hosp.	Type of Control Volun- tary	Compul- sory	Level of Hospital Planning			Type of Learning Group			
			Indiv. Hospital in Edm.	All Hosp. in a Region	All Hosp. in a Province	Indiv. Nursing Programs	All Nursing Programs	All Health Personnel Learning Programs	
Acute Hospital	12	2	3	3	5	2	2	10	
Other Hospitals	11	2	2	8	1	2	1	10	
Not Directly Associated with a Hospital	2	2	0	1	1	0	2	2	









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